

PKF O'CONNOR DAVIES ADVISORY, LLC  
245 PARK AVENUE, 12TH FLOOR  
NEW YORK, NY 10167

THE CENTER FOR REPRODUCTIVE RIGHTS, INC.  
199 WATER STREET, 22ND FLOOR  
NEW YORK, NY 10038

|||||.....|.....|

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE CENTER FOR REPRODUCTIVE RIGHTS, INC.</b>		<b>D</b> Employer identification number <b>13-3669731</b>
	Doing business as		<b>E</b> Telephone number <b>917-637-3600</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>57,127,072.</b>
	<b>199 WATER STREET, 22ND FLOOR</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10038</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>NANCY NORTHUP</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.REPRODUCTIVERIGHTS.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1992</b>	<b>M</b> State of legal domicile: <b>DE</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CENTER FOR REPRODUCTIVE RIGHTS USES THE POWER OF LAW TO ADVANCE REPRODUCTIVE RIGHTS AS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>214</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1039</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>61,017,680.</b>	<b>53,485,661.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>556,569.</b>	<b>842,924.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,693,955.</b>	<b>1,931,516.</b>
		<b>63,268,204.</b>	<b>56,260,101.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,158,546.</b>	<b>2,140,575.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>28,191,091.</b>	<b>32,396,290.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>262,210.</b>	<b>312,050.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>6,410,732.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>11,741,486.</b>	<b>15,472,770.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>41,353,333.</b>	<b>50,321,685.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>21,914,871.</b>	<b>5,938,416.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>88,387,055.</b>	<b>112,428,124.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>7,626,130.</b>	<b>25,300,858.</b>
		<b>80,760,925.</b>	<b>87,127,266.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>NANCY NORTHUP, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>EVA MRUK</b>	<b>EVA MRUK</b>	<b>05/07/24</b>		<b>P00543254</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>PKF O'CONNOR DAVIES ADVISORY, LLC</b>	<b>87-3231666</b>		<b>212-286-2600</b>	
	Firm's address				
	<b>245 PARK AVENUE, 12TH FLOOR</b>				
	<b>NEW YORK, NY 10167</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III 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: THE CENTER FOR REPRODUCTIVE RIGHTS ("THE CENTER") IS AN INTERNATIONAL NON-GOVERNMENTAL ORGANIZATION THAT USES THE POWER OF LAW TO ADVANCE REPRODUCTIVE RIGHTS AS FUNDAMENTAL HUMAN RIGHTS AROUND THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 26,972,401. including grants of \$ 1,981,550. ) (Revenue \$ 0. ) LEGAL PROGRAM - SEE SCHEDULE O

4b (Code: ) (Expenses \$ 6,866,450. including grants of \$ 159,000. ) (Revenue \$ 0. ) GOVERNMENT AND EXTERNAL AFFAIRS - SEE SCHEDULE O

4c (Code: ) (Expenses \$ 4,062,221. including grants of \$ 25. ) (Revenue \$ 0. ) COMMUNICATIONS - SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 37,901,072.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, foreign accounts, and charitable contributions.

**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**

		Yes	No
<b>1a</b>	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>1a</b> 24		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**MICHELLE DEES, CHIEF STRATEGY & OPERATIONS OFFICER - 917-637-3600**  
**199 WATER STREET, 22ND FLOOR, NEW YORK, NY 10038**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY NORTHUP PRESIDENT AND CEO	35.00	X		X				508,033.	0.	66,658.
(2) MICHELLE DEES CHIEF STRATEGY & OPER. OFFICER	35.00			X				338,949.	0.	56,667.
(3) ENID NDIGA CHIEF PROGRAM OFFICER	35.00				X			337,252.	0.	44,523.
(4) LOURDES RIVERA SR. VP, US PROGRAM THRU MAR 2023	35.00				X			259,288.	0.	45,540.
(5) JILL BERGER, INTERIM CHIEF DEVELOPMENT OFFICER	35.00				X			253,414.	0.	37,557.
(6) RAJI KALRA, CHIEF FINANCIAL & ADMINISTRATIVE OFFICER	35.00			X				277,509.	0.	11,648.
(7) TRAVIS TU GENERAL COUNSEL EFF. AUG 2022	35.00				X			246,735.	0.	36,811.
(8) ROBIN WILLIG CHIEF OF STAFF	35.00					X		226,291.	0.	26,669.
(9) ALESIA SOLTANPANAH, CHIEF DEVELOPMENT OFFICER THRU JUL 2022	35.00				X			242,701.	0.	5,153.
(10) SANDRA KEENAN SR. DIRECTOR, COMM & MARKETING	35.00					X		216,873.	0.	26,165.
(11) JENNIFER PIERRE CHIEF DEI OFFICER, THRU JUNE 2023	35.00					X		216,700.	0.	25,829.
(12) ALAN RING, SR. DIRECTOR GRANT AND COMP. THRU NOV 2022	35.00					X		217,052.	0.	24,027.
(13) LAURNE ELFANT, DEPUTY DIRECTOR, US PROGRAM THRU MAY 2023	35.00					X		219,985.	0.	18,768.
(14) ANDREW SOMMER GENERAL COUNSEL THRU AUG 2022	35.00					X		192,173.	0.	24,388.
(15) RIHAM DEWIDAR SR. DIRECTOR, HUMAN RESOURCES	35.00					X		183,105.	0.	15,455.
(16) JOSEPH STERN CHAIR	3.00	X		X				0.	0.	0.
(17) KARLA L. MARTIN VICE CHAIR	3.00	X		X				0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELE COLEMAN MAYES SECRETARY	1.00	X		X				0.	0.	0.
(19) LORRAINE CLASQUIN, SECRETARY THRU JUNE 2023/DIRECTOR	1.00	X		X				0.	0.	0.
(20) LOUISA RITTER TREASURER	1.00	X		X				0.	0.	0.
(21) HEIDI F. LINDELOF ASSISTANT SECRETARY	1.00	X		X				0.	0.	0.
(22) PENNY ABEYWARDENA DIRECTOR	1.00	X						0.	0.	0.
(23) CYNTHIA M. BLUMENTHAL DIRECTOR	1.00	X						0.	0.	0.
(24) SANTIAGO CANTON DIRECTOR	1.00	X						0.	0.	0.
(25) ROANN COSTIN DIRECTOR	1.00	X						0.	0.	0.
(26) DAVID H. HOFFMAN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,936,060.	0.	465,858.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,936,060.	0.	465,858.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 81

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

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
MORRISON & FOSTER 425 MARKET STREET, SAN FRANCISCO, CA 94105	LEGAL SERVICES	1,204,432.
FGS HOLDINGS LLC, 909 THIRD AVENUE, 32ND FLOOR, NEW YORK, NY 10022	PUBLIC RELATIONS SERVICES	903,000.
A.B. DATA 600 A.B. DATA DRIVE, MILWAUKEE, WI 53217	DIRECT MAIL CONSULTING	529,951.
O'MELVENY & MYERS LLP, 400 SOUTH HOPE STREET, 18TH FLOOR, LOS ANGELES, CA 90071	LEGAL SERVICES	395,987.
SEQUENCE EVENTS LLC, 15 WEST 38TH STREET, 5TH FLOOR, NEW YORK, NY 10018	EVENT PLANNING SERVICES	258,867.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 30

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	5,016,494.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	48,469,167.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,786,649.				
	<b>h Total.</b> Add lines 1a-1f		53,485,661.				
<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		854,053.			854,053.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	81,327.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	92,456.				
	<b>c</b> Gain or (loss)	<b>7c</b>	-11,129.				
	<b>d</b> Net gain or (loss)		-11,129.			-11,129.	
<b>8 a</b> Gross income from fundraising events (not including \$ 5,016,494. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		336,070.				
<b>b</b> Less: direct expenses	<b>8b</b>	774,515.					
<b>c</b> Net income or (loss) from fundraising events		-438,445.			-438,445.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> ATTORNEY AWARD FEES	<b>Business Code</b>	900099	2,369,041.		2369041.	
	<b>b</b> OTHER REVENUE		900099	920.		920.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			2,369,961.			
<b>12 Total revenue.</b> See instructions			56,260,101.	0.	0.	2774440.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	461,174.	461,174.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,679,401.	1,679,401.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,379,916.	2,554,613.	410,054.	415,249.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	22,628,769.	18,265,871.	1,651,964.	2,710,934.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,206,885.	822,661.	216,018.	168,206.
<b>9</b> Other employee benefits	3,246,529.	2,222,996.	552,461.	471,072.
<b>10</b> Payroll taxes	1,934,191.	1,340,745.	323,906.	269,540.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	441,057.	284,232.	116,573.	40,252.
<b>c</b> Accounting	126,650.	81,617.	33,474.	11,559.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	312,050.			312,050.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,332,626.	4,166,779.	1,694,694.	471,153.
<b>12</b> Advertising and promotion	3,569.	2,300.	943.	326.
<b>13</b> Office expenses	1,649,377.	861,285.	233,162.	554,930.
<b>14</b> Information technology	1,083,257.	624,313.	250,864.	208,080.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,484,877.	2,045,113.	192,994.	246,770.
<b>17</b> Travel	1,906,081.	1,583,437.	139,765.	182,879.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	241,110.	200,297.	17,680.	23,133.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	181,697.	158,294.	10,156.	13,247.
<b>23</b> Insurance	282,983.	219,548.	45,683.	17,752.
<b>24</b> 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.)				
<b>a</b> <b>EQUIPMENT &amp; MAINTENANCE</b>	379,062.	283,148.	70,083.	25,831.
<b>b</b> <b>DIRECT MAIL</b>	281,256.	13,877.	2,850.	264,529.
<b>c</b> <b>MISCELLANEOUS</b>	79,168.	29,371.	46,557.	3,240.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	50,321,685.	37,901,072.	6,009,881.	6,410,732.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	31,520,548.	<b>1</b>	29,086,651.
	<b>2</b> Savings and temporary cash investments .....	7,100,175.	<b>2</b>	12,091,848.
	<b>3</b> Pledges and grants receivable, net .....	15,103,592.	<b>3</b>	10,402,977.
	<b>4</b> Accounts receivable, net .....	151,418.	<b>4</b>	557,094.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	374,707.	<b>9</b>	773,291.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,264,743.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 795,347.	522,323.	<b>10c</b> 469,396.
	<b>11</b> Investments - publicly traded securities .....	33,578,128.	<b>11</b>	38,084,256.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	36,164.	<b>15</b>	20,962,611.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	88,387,055.	<b>16</b>	112,428,124.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,275,865.	<b>17</b>	3,869,483.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	90,324.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	350,265.	<b>25</b>	21,341,051.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,626,130.	<b>26</b>	25,300,858.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	49,483,094.	<b>27</b>	62,414,563.
	<b>28</b> Net assets with donor restrictions .....	31,277,831.	<b>28</b>	24,712,703.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	80,760,925.	<b>32</b>	87,127,266.
	<b>33</b> Total liabilities and net assets/fund balances .....	88,387,055.	<b>33</b>	112,428,124.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,260,101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,321,685.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,938,416.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,760,925.
5	Net unrealized gains (losses) on investments	5	477,785.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-49,860.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	87,127,266.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> <b>THE CENTER FOR REPRODUCTIVE RIGHTS, INC.</b>	<b>Employer identification number</b> <b>13-3669731</b>
--	--

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	33084282.	29380342.	55354503.	61017680.	53485661.	232322468
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	33084282.	29380342.	55354503.	61017680.	53485661.	232322468
<b>5</b> 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) .....						20816347.
<b>6 Public support.</b> Subtract line 5 from line 4.						211506121

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	33084282.	29380342.	55354503.	61017680.	53485661.	232322468
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	408,120.	334,775.	431,787.	634,430.	854,053.	2663165.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	596,757.	1857500.				2454257.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	720,344.	461,251.	13,656.	1852830.	2369961.	5418042.
<b>11 Total support.</b> Add lines 7 through 10						242857932
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	87.09	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	80.51	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not 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 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**Part VI** **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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

ATTORNEY AWARD FEES

2018 AMOUNT: \$ 700,159.

2019 AMOUNT: \$ 402,412.

2021 AMOUNT: \$ 1,830,987.

2022 AMOUNT: \$ 2,369,041.

OTHER REVENUE

2018 AMOUNT: \$ 20,185.

2019 AMOUNT: \$ 58,839.

2020 AMOUNT: \$ 13,656.

2021 AMOUNT: \$ 21,843.

2022 AMOUNT: \$ 920.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**THE CENTER FOR REPRODUCTIVE RIGHTS, INC.**

Employer identification number

**13-3669731**

Organization type (check one):

**Filers of:**

**Section:**

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**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization  <b>THE CENTER FOR REPRODUCTIVE RIGHTS, INC.</b>	Employer identification number  <b>13-3669731</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>4,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,575,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,487,245.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,999,945.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>THE CENTER FOR REPRODUCTIVE RIGHTS, INC.</b>	Employer identification number  <b>13-3669731</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>1,350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>1,182,148.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>1,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>1,085,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE CENTER FOR REPRODUCTIVE RIGHTS, INC.</b>	Employer identification number  <b>13-3669731</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>2,487,245.</u>	<u>02/09/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>THE CENTER FOR REPRODUCTIVE RIGHTS, INC.</b>	Employer identification number  <b>13-3669731</b>
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**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 info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://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.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE CENTER FOR REPRODUCTIVE RIGHTS, INC.</b>	Employer identification number <b>13-3669731</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred 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.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	69,473.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	433,599.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	503,072.													
<b>d</b>	Other exempt purpose expenditures .....	43,407,881.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	43,910,953.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	148,000.	436,531.	875,062.	503,072.	1,962,665.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	88,000.	79,396.	107,978.	69,473.	344,847.

Schedule C (Form 990) 2022

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization THE CENTER FOR REPRODUCTIVE RIGHTS, INC. Employer identification number 13-3669731

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for held at end of tax year (2a-2d), and various questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,468,259.	1,794,159.	1,457,629.	1,563,643.	1,622,705.
b Contributions					
c Net investment earnings, gains, and losses	133,989.	-240,291.	423,546.	-16,265.	27,937.
d Grants or scholarships					
e Other expenditures for facilities and programs	81,327.	85,594.	81,400.	82,472.	81,418.
f Administrative expenses	0.	15.	5,616.	7,277.	5,581.
g End of year balance	1,520,921.	1,468,259.	1,794,159.	1,457,629.	1,563,643.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
  - b Permanent endowment 66.0205 %
  - c Term endowment 33.9795 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		852,829.	554,836.	297,993.
d Equipment		170,311.	84,150.	86,161.
e Other		241,603.	156,361.	85,242.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				469,396.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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)		
<b>Total.</b> (Col. (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) Description	(b) Book value
(1) SECURITY DEPOSIT	36,165.
(2) OPERATING RIGHT OF USE ASSETS, NET	20,926,446.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	20,962,611.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	21,341,051.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,341,051.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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	81,303,681.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	477,785.	
b	Donated services and use of facilities	2b	24,615,786.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		25,093,571.
3	Subtract line 2e from line 1	3		56,210,110.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	131.	
b	Other (Describe in Part XIII.)	4b	49,860.	
c	Add lines 4a and 4b	4c		49,991.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		56,260,101.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	74,937,340.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	24,615,786.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		24,615,786.
3	Subtract line 2e from line 1	3		50,321,554.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	131.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		131.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		50,321,685.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

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

**PART X, LINE 2:**

THE CENTER RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE CENTER HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE CENTER IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2020.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE LOSS 49,860.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>THE CENTER FOR REPRODUCTIVE RIGHTS, INC.</b>	Employer identification number <b>13-3669731</b>
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, 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
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	ADVOCACY & LITIGATION	59,782.
EUROPE	1	17	PROGRAM SERVICES	ADVOCACY & LITIGATION	2,193,954.
SOUTH AMERICA	1	23	PROGRAM SERVICES	ADVOCACY & LITIGATION	1,848,103.
SOUTH ASIA	0	6	PROGRAM SERVICES	ADVOCACY & LITIGATION	624,179.
SUB-SAHARAN AFRICA	1	29	PROGRAM SERVICES	ADVOCACY & LITIGATION	1,761,583.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		55,228.
EUROPE	0	0	GRANTMAKING		585,217.
SOUTH AMERICA	0	0	GRANTMAKING		128,538.
<b>3 a</b> Subtotal .....	3	76			7,256,584.
<b>b</b> Total from continuation sheets to Part I .....	0	0			910,418.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	3	76			8,167,002.

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

Schedule F (Form 990) 2022



**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)
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE RIGHTS & JUSTICE	8,928.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE RIGHTS & JUSTICE	26,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE RIGHTS & JUSTICE	17,000.	WIRE	0.		
		EUROPE	PROMOTE RIGHTS & JUSTICE	14,000.	WIRE	0.		
		EUROPE	PROMOTE RIGHTS & JUSTICE	107,825.	WIRE	0.		
		EUROPE	PROMOTE RIGHTS & JUSTICE	10,000.	WIRE	0.		
		EUROPE	PROMOTE RIGHTS & JUSTICE	70,046.	WIRE	0.		
		EUROPE	PROMOTE RIGHTS & JUSTICE	10,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **44**

3 Enter total number of other organizations or entities ..... **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PROMOTE RIGHTS & JUSTICE	102,347.	WIRE	0.		
		EUROPE	PROMOTE RIGHTS & JUSTICE	116,711.	WIRE	0.		
		EUROPE	PROMOTE RIGHTS & JUSTICE	49,679.	WIRE	0.		
		EUROPE	PROMOTE RIGHTS & JUSTICE	63,900.	WIRE	0.		
		EUROPE	PROMOTE RIGHTS & JUSTICE	40,709.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	14,183.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	7,000.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	22,629.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	40,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	20,000.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	12,725.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	8,000.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	18,490.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	56,714.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	5,881.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	27,744.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	23,918.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	36,238.	WIRE	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	8,079.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	10,475.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	30,767.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	5,994.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	80,093.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	39,809.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	42,008.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	36,446.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	80,093.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	33,030.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	43,682.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	40,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	65,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	37,001.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	39,808.	WIRE	0.		



**Part IV 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  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  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  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  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  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  No

Schedule F (Form 990) 2022

**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 PRECEDENTSETTING 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.

**PART I, LINE 3:**

THE ACCRUAL BASIS OF ACCOUNTING METHOD IS USED TO ACCOUNT FOR EXPENDITURES.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	SF EVENT (event type)	2 (total number)		
Revenue	1	Gross receipts	2,859,709.	1,228,934.	1,263,921.	5,352,564.
	2	Less: Contributions	2,716,489.	1,172,934.	1,127,071.	5,016,494.
	3	Gross income (line 1 minus line 2)	143,220.	56,000.	136,850.	336,070.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	133,892.	13,913.	6,000.	153,805.
	7	Food and beverages	111,845.	70,868.	88,310.	271,023.
	8	Entertainment			4,126.	4,126.
	9	Other direct expenses	165,309.	90,881.	89,371.	345,561.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				774,515.
11	Net income summary. Subtract line 10 from line 3, column (d)				-438,445.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c 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
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- 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 \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: K2D STRATEGIES

(I) ADDRESS OF FUNDRAISER:

4201 WILSON BOULEVARD, SUITE 300, ARLINGTON, VA 22203

(I) NAME OF FUNDRAISER: A.B. DATA, LTD.

(I) ADDRESS OF FUNDRAISER: 600 A B DATA DRIVE, MILWAUKEE, WI 53217





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **THE CENTER FOR REPRODUCTIVE RIGHTS, INC.** Employer identification number **13-3669731**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ANCIENT SONG DOULA SERVICES 521 HALSEY STREET BROOKLYN, NY 11233	26-3694450		64,907.	0.			TO PROMOTE WOMEN RIGHTS AND JUSTICE
CARE INC. 151 ELLIS STREET ATLANTA, GA 30303	13-1685039	501(C)(3)	131,360.	0.			TO PROMOTE WOMEN RIGHTS AND JUSTICE
CHANGING WOMAN INTIATIVE 460 SAIN MICHAELS DRIVE, SUITE 804 SANTA FE, NM 87505	81-1078799	501(C)(3)	64,907.	0.			TO PROMOTE WOMEN RIGHTS AND JUSTICE
COBALT FOUNDATION P.O. BOX 22485, 2755 SOUTH LOCUST S DENVER, CO 80222	84-6050191	501(C)(3)	125,000.	0.			TO SUPPORT WORK OF BALLOT COMMITTEE SUPPORTING CONSTITUTIONAL AMENDMENT
KANSANS FOR CONSTITUTIONAL FREEDOM INC. - 4401 WEST 109TH STREET SUITE 200 - OVERLAND PARK, KS 66211	87-1244241	501(C)(4)	25,000.	0.			TO SUPPORT RESEARCH INTO THE AUGUST 22 CONSTITUTIONAL AMENDMENT
NEO PHILANTHROPY 45 WEST 36TH STREET 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	25,000.	0.			TO SUPPORT GENERAL OPERATIONS OF WE TESTIFY ORGANIZATION ON REPRODUCTIVE RIGHTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

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.

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: NEO PHILANTHROPY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GENERAL OPERATIONS OF WE  
TESTIFY ORGANIZATION ON REPRODUCTIVE RIGHTS ISSUES

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**THE CENTER FOR REPRODUCTIVE RIGHTS, INC.**

Employer identification number

**13-3669731**

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

**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 W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NANCY NORTHUP PRESIDENT AND CEO	(i)	481,169.	2,800.	24,064.	56,828.	9,830.	574,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE DEES CHIEF STRATEGY & OPER. OFFICER	(i)	335,339.	2,800.	810.	30,838.	25,829.	395,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ENID NDIGA CHIEF PROGRAM OFFICER	(i)	334,585.	2,667.	0.	27,590.	16,933.	381,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LOURDES RIVERA SR. VP, US PROGRAM THRU MAR 2023	(i)	254,166.	2,800.	2,322.	19,711.	25,829.	304,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JILL BERGER, INTERIM CHIEF DEVELOPMENT OFFICER	(i)	249,813.	2,800.	801.	19,398.	18,159.	290,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RAJI KALRA, CHIEF FINANCIAL & ADMINISTRATIVE OFFICER	(i)	276,151.	600.	758.	0.	11,648.	289,157.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TRAVIS TU GENERAL COUNSEL EFF. AUG 2022	(i)	243,239.	2,800.	696.	18,681.	18,130.	283,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBIN WILLIG CHIEF OF STAFF	(i)	221,436.	2,800.	2,055.	16,843.	9,826.	252,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ALESIA SOLTANPANAH, CHIEF DEVELOPMENT OFFICER THRU JUL 2022	(i)	168,146.	700.	73,855.	0.	5,153.	247,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SANDRA KEENAN SR. DIRECTOR, COMM & MARKETING	(i)	210,999.	2,800.	3,074.	15,953.	10,212.	243,038.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JENNIFER PIERRE CHIEF DEI OFFICER, THRU JUNE 2023	(i)	215,995.	300.	405.	0.	25,829.	242,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ALAN RING, SR. DIRECTOR GRANT AND COMP. THRU NOV 2022	(i)	212,377.	2,800.	1,875.	15,238.	8,789.	241,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LAURNE ELFANT, DEPUTY DIRECTOR, US PROGRAM THRU MAY 2023	(i)	216,726.	2,800.	459.	16,232.	2,536.	238,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANDREW SOMMER GENERAL COUNSEL THRU AUG 2022	(i)	185,087.	2,800.	4,286.	14,060.	10,328.	216,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) RIHAM DEWIDAR SR. DIRECTOR, HUMAN RESOURCES	(i)	182,013.	500.	592.	0.	15,455.	198,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

**Part III 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 4A:**

PURSUANT TO THE TERMS AND CONDITIONS OF THE ALESIA SOLTANPANAH'S SEPARATION AGREEMENT, THE ORGANIZATION MADE PAYMENTS TO HER IN THE AMOUNT OF \$72,500 IN 2022. THE PAYMENTS WERE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.

**PART I, LINE 7:**

THE ORGANIZATION AWARDED DISCRETIONARY BONUSES BASED ON PERFORMANCE TO CERTAIN INDIVIDUALS REPORTED IN PART VII AND SCHEDULE J. THESE BONUSES ARE APPROVED BY THE BOARD OF DIRECTORS.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE CENTER FOR REPRODUCTIVE RIGHTS, INC.** Employer identification number **13-3669731**

**Part I 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	(d) Method of determining noncash contribution amounts
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	X	62	5,738,809.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>VIR. CURRENCY</u> )	X	1	47,839.	AVG. SELLING PRICE
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **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 CONTRIBUTORS IN PART I, COLUMN (B).

SCHEDULE M, LINE 32B:

THE CENTER ENGAGED GIVING BLOCK TO SOLICIT AND SELL CRYPTO DONATIONS ON BEHALF OF THE CENTER. AFTER CRYPTO DONATIONS WERE SOLD, GIVING BLOCK DEPOSITED CASH INTO THE OPERATING ACCOUNT.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

THE CENTER FOR REPRODUCTIVE RIGHTS, INC.

Employer identification number

13-3669731

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FUNDAMENTAL HUMAN RIGHTS AROUND THE WORLD.

FORM 990, PART III, LINE 1, MISSION STATEMENT:

THE CENTER FOR REPRODUCTIVE RIGHTS (THE CENTER) IS AN INTERNATIONAL NON  
GOVERNMENTAL ORGANIZATION THAT USES THE POWER OF LAW TO ADVANCE  
REPRODUCTIVE RIGHTS AS FUNDAMENTAL HUMAN RIGHTS AROUND THE WORLD.

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.

FOUNDED IN 1992, THE CENTER IS THE ONLY GLOBAL LEGAL ADVOCACY  
ORGANIZATION DEDICATED TO ADVANCING REPRODUCTIVE RIGHTS AS FUNDAMENTAL  
HUMAN RIGHTS. THE CENTER'S GAME CHANGING LITIGATION AND ADVOCACY WORK,  
COMBINED WITH ITS UNPARALLELED EXPERTISE IN THE USE OF 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  
AFRICA, ASIA, EUROPE, LATIN AMERICA AND THE CARIBBEAN, AND THE UNITED  
STATES ON ISSUES INCLUDING ACCESS TO LIFE SAVING OBSTETRICS CARE,

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Schedule O (Form 990) 2022

Name of the organization THE CENTER FOR REPRODUCTIVE RIGHTS, INC.	Employer identification number 13-3669731
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CONTRACEPTION, SAFE ABORTION SERVICES, AND COMPREHENSIVE SEXUALITY INFORMATION, AS WELL AS THE PREVENTION OF FORCED STERILIZATION, CHILD MARRIAGE, AND FEMALE GENITAL MUTILATION. THE CENTER HAS BROUGHT GROUNDBREAKING CASES BEFORE NATIONAL COURTS, U.N. COMMITTEES, AND REGIONAL HUMAN RIGHTS BODIES, AND BUILT THE LEGAL CAPACITY OF WOMEN'S RIGHTS ADVOCATES IN MORE THAN 65 COUNTRIES AND ESTABLISHED LEGAL NETWORKS AROUND THE WORLD.

FORM 990, PART III, LINE 4A, LEGAL PROGRAMS:

LEGAL PROGRAMS RECENT ACCOMPLISHMENTS:

IMMEDIATELY FOLLOWING THE SUPREME COURT'S RULING IN DOBBS DECISION ON JUNE 24, 2023, WE FILED A SERIES OF NEW CASES/EMERGENCY MOTIONS TO PRESERVE ACCESS AGAINST TOTAL BANS AS LONG AS POSSIBLE. WON LANDMARK RULINGS FROM 3 STATE SUPREME COURTS EACH ARTICULATING FOR THE FIRST TIME A STATE CONSTITUTIONAL RIGHT TO ABORTION UNDER AT LEAST SOME LIMITED CIRCUMSTANCES. FILED THE FIRST CASE POST-DOBBS ON BEHALF OF INDIVIDUALS DENIED ABORTIONS AFTER EXPERIENCING COMPLICATIONS DURING WANTED PREGNANCIES - IN A STATE COURT CHALLENGE TO THE SCOPE OF MEDICAL EXCEPTIONS IN TEXAS'S ABORTION BANS. FILED OTHER CASES TO FIGHT REGRESSIVE ABORTION LAWS IN FLORIDA, MONTANA, TEXAS, GEORGIA, AND KANSAS. FOUGHT IN COURT AND BEHIND THE SCENES TO PROTECT ACCESS TO MEDICATION ABORTION IN RESPONSE TO AN ANTI-ABORTION LAWSUIT THREATENING THE FDA'S APPROVAL OF THE DRUG MIFEPRISTONE NATIONWIDE. ADVOCATED IN U.S. CONGRESS AND THE BIDEN ADMINISTRATION TO DEFEND AND PROMOTE ABORTION RIGHTS.

WON OR MADE SIGNIFICANT ADVANCES IN CASES IN ARGENTINA, BOLIVIA,

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BRAZIL, COLOMBIA, EL SALVADOR, HONDURAS, KENYA, MALAWI, NEPAL, PERU,  
POLAND, TANZANIA, UGANDA & VENEZUELA. PREVENTED ADOPTION OF NEW  
REGRESSIVE LEGISLATIVE RESTRICTIONS IN 3 COUNTRIES KENYA, NEPAL,  
SLOVAKIA.

BANGLADESH: SUCCESSFULLY IMPLEMENTING YEAR TWO OF PROJECT IN COX'S  
BAZAR WITH ROHINGYA REFUGEES, ENSURING GREATER ACCESS TO FULL RANGE OF  
SRHR SERVICES IN TWO CAMP LOCATIONS. UKRAINE: SUCCESSFULLY IMPLEMENTED  
A RAPID RESPONSE TO THE FULL-SCALE INVASION OF UKRAINE, BRINGING  
TOGETHER 8 LOCAL NGOS IN CENTRAL AND EASTERN EUROPE WHO DIRECTLY ASSIST  
UKRAINIAN REFUGEES IN NEED OF SEXUAL AND REPRODUCTIVE HEALTHCARE AND  
GENDER-BASED VIOLENCE (GVB) SERVICES PROVIDED NGOS WITH FINANCIAL  
SUPPORT AND TECHNICAL ASSISTANCE LAUNCHED FINDINGS OF SUCCESSFUL  
10-MONTH MULTI-COUNTRY FACT FINDING DOCUMENTING ACCESS BARRIERS TO CARE  
IN HUNGARY, POLAND, ROMANIA AND SLOVAKIA.

FORM 990, PART III, LINE 4B, GOVERNMENT AND EXTERNAL AFFAIRS:  
PROVIDED TECHNICAL ASSISTANCE TO POLICYMAKERS AND ADVOCATES.

COLOMBIA: WE CONTINUED TO SUPPORT THE IMPLEMENTATION OF THE  
GROUNDBREAKING DECISION DECRIMINALIZING ABORTION. WE WORKED WITH THE  
MINISTRY TO HEALTH TO ISSUE A RESOLUTION TO PROVIDE CLEAR GUIDANCE TO  
HEALTHCARE PROVIDERS TO MAKE ABORTION ACCESSIBLE THROUGHOUT THE COUNTRY

DENMARK: BRIEFED DANISH MEMBERS OF THE PARLIAMENT ON DEVELOPMENTS IN  
EUROPEAN ABORTION LAWS AND WHO GUIDELINES TO INFLUENCE FORTHCOMING  
LAW-REFORM PROCESS INTENDED TO LIBERALIZE DANISH LAW AND EXTEND  
GESTATIONAL LIMITS

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GERMANY: GERMAN BUNDESTAG REPEALED CRIMINALIZATION OF MEDICAL PROFESSIONALS' PROVISION OF INFORMATION ON ABORTION IN THE PUBLIC DOMAIN. WE HAD ADVOCATED FOR REPEAL INCLUDING FILING SUBMISSIONS TO THE FEDERAL MINISTRY OF JUSTICE AND BRIEFS TO THE GERMAN CONSTITUTIONAL COURT

KENYA: SUBMITTED BRIEF WITH THE NATIONAL COUNCIL ON THE ADMINISTRATION OF JUSTICE COMMITTEE TO SUPPORT TAKING ABORTION OUT OF THE CRIMINAL CODE.

MALTA: WE HAVE WORKED FOR 5 YEARS ON LIBERALIZATION OF MALTA'S BLANKET BAN ON ABORTION. THE MALTESE PARLIAMENT IS NOW ON TRACK THIS YEAR TO ENACT NARROW EXCEPTIONS TO THE BAN

PHILIPPINES: AFTER YEARS OF OUR ADVOCACY, THE PHILIPPINE COMMISSION ON HUMAN RIGHTS ('PCHR') FOR THE FIRST TIME WILL INCLUDE THE DECRIMINALIZATION OF ABORTION IN THEIR PRIORITY HUMAN RIGHTS LEGISLATIVE AGENDA FOR THE CONGRESS

UK: WE WERE INVITED TO JOIN THE LEGAL WORKING GROUP CONVENED BY THE HOUSE OF LORDS TO DEVELOP STRATEGIES TO REMOVE ABORTION FROM THE PENAL CODES OF ENGLAND AND WALES AND LIBERALIZE THE 1967 ABORTION LAW.

UNITED NATIONS: PROVIDED TECHNICAL ASSISTANCE ACROSS UN BODIES, INCLUDING THE COMMISSION STATUS WOMEN, COMMISSION POPULATION AND DEVELOPMENT, GENERAL ASSEMBLY, SECURITY COUNCIL AND HUMAN RIGHTS COUNCIL NEGOTIATIONS FOR MORE THAN 25 LIKE-MINDED AND MIDDLE-GROUND

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STATES.

INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC): SERVING AS KEY COLLABORATOR ON THE REVISION OF THEIR COMMENTARY TO COMMON ARTICLE 3, WHICH DEFINES HUMANITARIAN LEGAL OBLIGATIONS ON ACCESS TO HEALTHCARE FOR CIVILIANS.

GLOBAL: SUCCESSFULLY PROTECTED AND ADVANCED SRHR STANDARDS IN THE UN SECURITY COUNCIL AND UN HUMAN RIGHTS COUNCIL, SPECIFICALLY TO ADVANCE A SURVIVOR-CENTERED APPROACH TO GBV.

FORM 990, PART III, LINE 4C, COMMUNICATIONS:

PUBLISHED REPORTS TO SHAPE THE PUBLIC DEBATE ON THE HARMS OF REVERSING ROE AND OUR PATH FORWARD. PUBLISHED 10 ADVOCACY REPORTS:

- AFRICA: THE IMPACT OF THE MISALIGNMENT BETWEEN KENYA'S CONSTITUTION AND THE PENAL CODE ON ACCESS TO REPRODUCTIVE HEALTH CARE

- AFRICA: IMPLEMENTING RIGHTS-BASED ACCOUNTABILITY FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN HUMANITARIAN SETTINGS: GOOD PRACTICE CASE STUDY FROM ADJUMANI DISTRICT, NORTHERN UGANDA

- AFRICA: ACCESS TO SRHR INFORMATION BY WOMEN AND GIRLS IN KENYA: ASSESSMENT OF NAIROBI, BUNGOMA, HOMABAY, KERICHU AND KILIFI COUNTIES

- CROSS-REGIONAL: PATHWAYS TO CHANGE - BUILDING STRONGER LEGAL GUARANTEES FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

- EUROPE: CARE IN CRISIS: FAILURES TO GUARANTEE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF REFUGEES FROM UKRAINE IN HUNGARY, POLAND, ROMANIA AND SLOVAKIA

- EUROPE: WOMEN PEACE AND SECURITY AND THE EUROPEAN UNION: GUARANTEEING

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SEXUAL AND REPRODUCTIVE RIGHTS AND REPARATIONS

- EUROPE: MAKING THE INVISIBLE VISIBLE: AN EVIDENCE-BASED ANALYSIS OF GENDER IN THE REGIONAL RESPONSE TO THE WAR IN UKRAINE - JOINT REPORT

WITH CARE, UN WOMEN, IPPF, VOICE AMPLIFIED AND WHO

- EUROPE: CALL TO ACTION URGING EUROPEAN DECISION MAKERS TO PROTECT ABORTION ACCESS IN EUROPE FOLLOWING THE U.S. SUPREME COURT DECISION IN

DOBBS (ENDORSED BY MORE THAN 130 LEADING CIVIL SOCIETY ORGANIZATIONS WORKING ON SRHR IN 30 EUROPEAN COUNTRIES)

- GLOBAL: ACCOUNTABILITY FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN HUMANITARIAN SETTINGS

- LAC: DECRIMINALIZATION OF ABORTION IN COLOMBIA

LEVERAGED THE PRESS TO ELEVATE THE PROFILE OF NANCY NORTHUP AND KEY CENTER STAFF. IMPLEMENTED STRATEGIC SHIFTS TO EMAIL MARKETING EFFORTS TO DRIVE MORE SIGN-UPS AND ENGAGEMENT FROM KEY AUDIENCES, INCLUDING DONORS AND JOURNALISTS

LAUNCHED TWO EMAIL PUBLICATIONS FOR OUR 118K SUPPORTERS: REPROWATCH, A BI-WEEKLY NEWSLETTER ABOUT THE U.S. AND A MONTHLY NEWSLETTER FOCUSED ON GLOBAL DEVELOPMENTS.

DEVELOPED NEW SERIES, "LET'S TALK REPRO" PROFILING STAFF AND HIGHLIGHTING THEIR EXPERTISE AND IMPACT

CONTINUED TO BUILD OUR WEBSITE AS THE HOME FOR COMPREHENSIVE INFORMATION ABOUT OUR WORK, GENERATING NEW CONTENT, INCLUDING LANDING PAGES AND "HUBS" FOR SIGNIFICANT CASES, ANALYSIS/RESOURCES, AND "EVERGREEN" CONTENT, IN ADDITION TO REGULAR FEATURES ON CENTER NEWS AND



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## DEVELOPMENTS

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

THE MEMBERSHIP OF THE CORPORATION CONSIST OF THE DIRECTORS OF THE CORPORATION (THE "DIRECTORS"). THE ELECTION OF A PERSON AS A DIRECTOR MUST LIKEWISE BE AN ADMISSION OF SUCH PERSON TO MEMBERSHIP IN THE CORPORATION. NO PERSON CAN CONTINUE TO BE A MEMBER OF THE CORPORATION (A "MEMBER") AFTER CEASING TO BE A DIRECTOR.

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

THE ELECTION OF THE BOARD OF DIRECTORS IS SUBJECT TO APPROVAL BY THE MEMBERS.

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

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE ACCOUNTING TEAM MEMBERS (INCLUDING THE CONTROLLER AND CFO). THEN THE RETURN IS CIRCULATED TO THE FULL EXECUTIVE TEAM (ALL KEY EMPLOYEES AND OFFICERS) AS WELL AS TO THE ENTIRE BOARD. THESE INDIVIDUALS ARE GIVEN ONE WEEK WITH A DEADLINE BY WHICH TO CONTACT THE CFO WITH ANY QUESTIONS, POINTS OF CLARIFICATION OR SUGGESTED EDITS. AFTER THAT DEADLINE HAS PASSED AND ALL FEEDBACK HAS BEEN ADDRESSED THE 990 IS THEN AUTHORIZED BY THE CFO/CONTROLLER TO BE FILED WITH THE IRS.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT REQUIRES EACH BOARD OFFICER, DIRECTOR, AND SENIOR STAFF TO DISCLOSE IF THEY OR THEIR IMMEDIATE FAMILY HAVE INTERESTS OR OTHER EMPLOYMENT WHICH WOULD ALLOW THEM TO BENEFIT

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FINANCIALLY OR RESULT IN SOME TYPE OF PERSONAL GAIN, DUE TO THE INFLUENCE THEY MAY HAVE ON DECISIONS MADE ON AN ANNUAL BASIS. FOR THE BOARD OF DIRECTORS, THE DISCLOSURE FORMS GO DIRECTLY TO THE GENERAL COUNSEL FOR REVIEW AND FOR SENIOR STAFF MEMBERS THE DISCLOSURE FORMS GO TO THE SENIOR DIRECTOR OF HUMAN RESOURCES FOR REVIEW. IF A CONFLICT IS IDENTIFIED, THE GENERAL COUNSEL WILL BE NOTIFIED AND WILL DISCUSS THE CONFLICT WITH THE APPROPRIATE PARTIES AND WILL TAKE FURTHER ACTION IF NECESSARY.

THE ACTIONS TAKEN DURING THE BOARD AND COMMITTEE MEETINGS REGARDING ANY POTENTIAL CONFLICT OF INTEREST ARE RECORDED IN THE CORPORATION'S MINUTES.

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 BELOW THAT OF COMPARABLE COMPANIES WERE ADJUSTED ACCORDINGLY. IN OCTOBER 2019 THE CENTER ANALYZED SALARY BENCHMARK DATA DRAWN FROM PAYSACLE ON-DEMAND AND THE HUMENTUM INGO ANNUAL SURVEYS FOR US-BASED STAFF IN THE FIRST THREE LEVELS OF THE ORGANIZATION AND CREATED A CAREER LATTICE 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 PAYSACLE ON-DEMAND DATA FOR US-BASED ATTORNEYS AND CREATED A US ATTORNEY CAREER LADDER AND SALARY LEVEL, WITH ALL

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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 THAT WERE FOUND TO BE BELOW BENCHMARK. IN JUNE 2021 THE CENTER RE-BENCHMARKED AND MADE NECESSARY ADJUSTMENTS TO THE SALARIES OF EMPLOYEES AT LEVEL L TO MANAGER LEVEL. IN JULY 2022 THE CENTER FINALIZED THE ROLL-OUT OF A CAREER LATTICE FOR ALL MANAGER AND ABOVE ROLES ACROSS THE ORGANIZATION. THIS EXERCISE ALLOWED THE CENTER TO MAP JOBS AT THESE LEVELS CORRECTLY. THE CENTER IN JULY 2022 IS ALSO BENCHMARKED THE POSITIONS TO THE BIRCHES GROUP, NGO COMPENSATION SURVEYS FOR USA, SWITZERLAND, COLOMBIA, AND KENYA TO ENSURE ALL ROLES ARE PAID AT THE 50TH PERCENTILE POINT OF THE PROXY MARKET DATA AND EQUITABLY COMPENSATED IN COMPARISON TO SIMILAR ROLES INTERNALLY.

IN ADDITION, THE CENTER CONDUCTS AN ANNUAL PERFORMANCE EVALUATION FOR ITS MANAGEMENT AND THE REST OF ITS STAFF. THIS YEAR WE DECIDED TO UNLINK PERFORMANCE WITH MERIT INCREASES WHICH PREVENTS MITIGATING MANAGERIAL BIAS AND INSTEAD IMPLEMENTED A FLAT INCREASE APPROACH ACROSS THE CENTER.

ANNUALLY, THE BOARD OF DIRECTORS ALSO REVIEWS THE PERFORMANCE OF THE INDIVIDUAL WHO IS SERVING AS THE CENTER'S PRESIDENT AND CEO. IT DELEGATES THE DECISION OF CEO COMPENSATION TO THE EXECUTIVE COMMITTEE OF THE BOARD. AFTER DELIBERATION WITH THE EXECUTIVE COMMITTEE, THE CHAIRMAN OF THE BOARD MEETS WITH THE PRESIDENT 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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN

Name of the organization	THE CENTER FOR REPRODUCTIVE RIGHTS, INC.	Employer identification number	13-3669731
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UT, VA, WV, WI

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TEMP AGENCIES:

PROGRAM SERVICE EXPENSES	264,814.
MANAGEMENT AND GENERAL EXPENSES	108,608.
FUNDRAISING EXPENSES	37,502.
TOTAL EXPENSES	410,924.

STAFF TRAINING:

PROGRAM SERVICE EXPENSES	12,490.
MANAGEMENT AND GENERAL EXPENSES	5,122.
FUNDRAISING EXPENSES	1,769.
TOTAL EXPENSES	19,381.

RECRUITING:

PROGRAM SERVICE EXPENSES	150,205.
MANAGEMENT AND GENERAL EXPENSES	61,603.
FUNDRAISING EXPENSES	21,272.
TOTAL EXPENSES	233,080.

TRANSLATORS/INTERPRETERS:

Name of the organization	THE CENTER FOR REPRODUCTIVE RIGHTS, INC.	Employer identification number	13-3669731
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PROGRAM SERVICE EXPENSES	55,722.
MANAGEMENT AND GENERAL EXPENSES	22,853.
FUNDRAISING EXPENSES	7,891.
TOTAL EXPENSES	86,466.

## CONSULTANTS:

PROGRAM SERVICE EXPENSES	3,399,067.
MANAGEMENT AND GENERAL EXPENSES	1,394,058.
FUNDRAISING EXPENSES	367,343.
TOTAL EXPENSES	5,160,468.

## COURT FEES:

PROGRAM SERVICE EXPENSES	29,459.
MANAGEMENT AND GENERAL EXPENSES	12,082.
FUNDRAISING EXPENSES	4,172.
TOTAL EXPENSES	45,713.

## PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	199,665.
MANAGEMENT AND GENERAL EXPENSES	81,888.
FUNDRAISING EXPENSES	28,276.
TOTAL EXPENSES	309,829.

## PHOTOGRAPHY:

PROGRAM SERVICE EXPENSES	20,675.
MANAGEMENT AND GENERAL EXPENSES	8,480.
FUNDRAISING EXPENSES	2,928.
TOTAL EXPENSES	32,083.

Name of the organization <b>THE CENTER FOR REPRODUCTIVE RIGHTS, INC.</b>	Employer identification number <b>13-3669731</b>
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HONORARIUMS:

PROGRAM SERVICE EXPENSES	34,682.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,682.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,332,626.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN EXCHANGE LOSS	-49,860.
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FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A FINANCE COMMITTEE WHICH IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **THE CENTER FOR REPRODUCTIVE RIGHTS, INC.** Employer identification number **13-3669731**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CENTER FOR REPRODUCTIVE RIGHTS AFRICA REGIONAL OFFICE LIMITED - 98-1650530, P.O. BOX 48136-00100, KINDARUMA, NAIROBI, KENYA	LEGAL ADVOCACY/HUMAN RIGHTS	KENYA	800,000.	1,161,246.	THE CENTER FOR REPRODUCTIVE RIGHTS, INC.
CRR-ARO HOLDINGS, LLC 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808	HOLDING ENTITY	DELAWARE	0.	0.	THE CENTER FOR REPRODUCTIVE RIGHTS, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2022

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			





**Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

▶ Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JUL 1**, 20**22**, and ending **JUN 30**, 20**23**

Name of person filing this return **THE CENTER FOR REPRODUCTIVE RIGHTS, INC.** Filer's identifying number **13-3669731**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)  
**199 WATER STREET, 22ND FLOOR**

City or town, state, and ZIP code  
**NEW YORK, NY 10038**

Filer's tax year beginning **JUL 1**, 20**22**, and ending **JUN 30**, 20**23**

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here  FDE of a U.S. person  FDE of a controlled foreign corporation (CFC)  FDE of a controlled foreign partnership  
 FB of a U.S. person  FB of a CFC  FB of a controlled foreign partnership

Check here  Initial Form 8858  Final Form 8858

**1a** Name and address of FDE or FB  
**CRR AFRICA REGIONAL OFFICE LIMITED**  
**4TH FL PINETREE, PO BOX 48136-0010**  
**NAIROBI**  
**KENYA**

**b(1)** U.S. identifying number, if any  
**98-1650530**

**b(2)** Reference ID number (see instructions)

**c** For FDE, country(ies) under whose laws organized and entity type under local tax law  
**KENYA LIMITED LIABILITY C**

**d** Date(s) of organization  
**05 06 21**

**e** Effective date as FDE  
**05/06/21**

**f** If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

**g** Country in which principal business activity is conducted  
**KENYA**

**h** Principal business activity  
**LEGAL ADVOCAC**

**i** Functional currency  
**KES**

**2** Provide the following information for the FDE's or FB's accounting period stated above.

**a** Name, address, and identifying number of branch office or agent (if any) in the United States

**b** Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different

**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

**a** Name and address  
**TAX OWNER SAME AS FILER**

**b** Annual accounting period covered by the return (see instructions)

**c(1)** U.S. identifying number, if any  
**13-3669731**

**c(2)** Reference ID number (see instructions)

**d** Country under whose laws organized  
**UNITED STATES**

**e** Functional currency  
**USD**

**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

**a** Name and address

**b** Country under whose laws organized

**c** U.S. identifying number, if any

**d** Functional currency

**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	100,959,740.
10 Total income (add lines 3 through 9)	10	100,959,740.
11 Total deductions (exclude income tax expense)	11	285,416,215.
12 Income tax expense	12	
13 Other adjustments	13	60,884.
14 Net income (loss) per books	14	-184,456,475.

**Schedule C-1 Section 987 Gain or Loss Information**

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
4 Were all remittances from the FDE or FB treated as made to the direct owner?		Yes No
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
<b>Assets</b>		
1 Cash and other current assets	1	0.
2 Other assets	2	624,547.
3 Total assets	3	536,699.
<b>Liabilities and Owner's Equity</b>		
4 Liabilities	4	1,161,246.
5 Owner's equity	5	0.
6 Total liabilities and owner's equity	6	2,561,986.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		X
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

**Schedule G Other Information** (continued)

	Yes	No
<b>6</b> Is the FDE or FB a qualified business unit as defined in section 989(a)? .....		X
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>		
<b>7a</b> During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c .....		X
<b>b</b> Enter the total amount of the base erosion payments \$ .....		
<b>c</b> Enter the total amount of the base erosion tax benefit \$ .....		
<b>8a</b> During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c .....		X
<b>b</b> Enter the total amount of the base erosion payments \$ .....		
<b>c</b> Enter the total amount of the base erosion tax benefit \$ .....		
<b>9</b> Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? .....		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>		
<b>10a</b> If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? .....		X
<b>b</b> If "Yes," enter the amount of the dual consolidated loss ..... ▶ \$ ( .....		
<b>11a</b> If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c .....		X
<b>b</b> Enter the amount of the dual consolidated loss for the combined separate unit ..... ▶ \$ ( .....		
<b>c</b> Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ..... ▶ \$ .....		
<b>12a</b> Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 .....		
<b>b</b> Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d .....		
<b>c</b> If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a .....		X
<b>d</b> If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e .....		
<b>e</b> Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ..... ▶ \$ ..... See instructions.		
<b>13a</b> During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years? .....		X
<b>b</b> If "Yes," enter the total amount of recapture ..... ▶ \$ ..... See instructions.		

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)

**Important:** Enter the amounts on lines 1 through 6 in functional currency.

<b>1</b> Current year net income (loss) per foreign books of account .....	<b>1</b>	-184456475.
<b>2</b> Total net additions .....	<b>2</b>	
<b>3</b> Total net subtractions .....	<b>3</b>	
<b>4</b> Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3) .....	<b>4</b>	-184456475.
<b>5</b> DASTM gain (loss) (if applicable) .....	<b>5</b>	7,683,541.
<b>6</b> Combine lines 4 and 5 .....	<b>6</b>	-176772934.
<b>7</b> Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) .....	<b>7</b>	-1,400,740.
<b>8</b> Enter exchange rate used for line 7 ..... ▶ .007924		

**Schedule I Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 .....		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 .....		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 .....		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions .....	4	

**Schedule J Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
<b>Totals</b>								

**Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

▶ Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JUL 1**, 20**22**, and ending **JUN 30**, 20**23**

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return **THE CENTER FOR REPRODUCTIVE RIGHTS, INC.** Filer's identifying number **13-3669731**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)  
**199 WATER STREET, 22ND FLOOR**

City or town, state, and ZIP code  
**NEW YORK, NY 10038**

Filer's tax year beginning **JUL 1**, 20**22**, and ending **JUN 30**, 20**23**

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here  FDE of a U.S. person  FDE of a controlled foreign corporation (CFC)  FDE of a controlled foreign partnership  
 FB of a U.S. person  FB of a CFC  FB of a controlled foreign partnership

Check here  Initial Form 8858  Final Form 8858

<b>1a</b> Name and address of FDE or FB <b>CRR (SWITZERLAND BRANCH) 16 RUE DU MONT-BLANC GENEVA SWITZERLAND 1201</b>		<b>b(1)</b> U.S. identifying number, if any	
		<b>b(2)</b> Reference ID number (see instructions) <b>CRRSWI</b>	
<b>c</b> For FDE, country(ies) under whose laws organized and entity type under local tax law <b>SWITZERLAND TAX EXEMPT ORGANIZA</b>		<b>d</b> Date(s) of organization <b>06 01 14</b>	<b>e</b> Effective date as FDE
<b>f</b> If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	<b>g</b> Country in which principal business activity is conducted <b>SWITZERLAND</b>	<b>h</b> Principal business activity <b>LEGAL ADVOCAC</b>	<b>i</b> Functional currency <b>CHF</b>

**2** Provide the following information for the FDE's or FB's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States	<b>b</b> Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
--	---

**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

<b>a</b> Name and address <b>TAX OWNER SAME AS FILER</b>	<b>b</b> Annual accounting period covered by the return (see instructions)	
	<b>c(1)</b> U.S. identifying number, if any <b>13-3669731</b>	
	<b>c(2)</b> Reference ID number (see instructions)	
	<b>d</b> Country under whose laws organized <b>UNITED STATES</b>	<b>e</b> Functional currency <b>USD</b>

**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Country under whose laws organized	
	<b>c</b> U.S. identifying number, if any	<b>d</b> Functional currency

**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.



**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	29.
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	29.
11 Total deductions (exclude income tax expense)	11	2,148,977.
12 Income tax expense	12	
13 Other adjustments	13	-665,348.
14 Net income (loss) per books	14	-2,148,948.

**Schedule C-1 Section 987 Gain or Loss Information**

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
4 Were all remittances from the FDE or FB treated as made to the direct owner?		Yes No
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	115,236.	292,083.
2	Other assets	35,282.	72,722.
3	Total assets	150,518.	364,805.
Liabilities and Owner's Equity			
4	Liabilities	8,353,451.	11,524,751.
5	Owner's equity	-8,202,933.	-11,159,946.
6	Total liabilities and owner's equity	150,518.	364,805.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		X
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

**Schedule G Other Information** (continued)

	Yes	No
<b>6</b> Is the FDE or FB a qualified business unit as defined in section 989(a)? .....		X
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>		
<b>7a</b> During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c .....		X
<b>b</b> Enter the total amount of the base erosion payments \$ .....		
<b>c</b> Enter the total amount of the base erosion tax benefit \$ .....		
<b>8a</b> During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c .....		X
<b>b</b> Enter the total amount of the base erosion payments \$ .....		
<b>c</b> Enter the total amount of the base erosion tax benefit \$ .....		
<b>9</b> Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? .....		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>		
<b>10a</b> If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? .....		X
<b>b</b> If "Yes," enter the amount of the dual consolidated loss ..... ▶ \$ ( .....		
<b>11a</b> If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c .....		X
<b>b</b> Enter the amount of the dual consolidated loss for the combined separate unit ..... ▶ \$ ( .....		
<b>c</b> Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ..... ▶ \$ .....		
<b>12a</b> Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 .....		
<b>b</b> Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d .....		
<b>c</b> If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a .....		
<b>d</b> If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e .....		
<b>e</b> Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ..... ▶ \$ ..... See instructions.		
<b>13a</b> During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years? .....		X
<b>b</b> If "Yes," enter the total amount of recapture ..... ▶ \$ ..... See instructions.		

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)

**Important:** Enter the amounts on lines 1 through 6 in functional currency.

<b>1</b> Current year net income (loss) per foreign books of account .....	<b>1</b>	-2,148,948.
<b>2</b> Total net additions .....	<b>2</b>	
<b>3</b> Total net subtractions .....	<b>3</b>	
<b>4</b> Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3) .....	<b>4</b>	-2,148,948.
<b>5</b> DASTM gain (loss) (if applicable) .....	<b>5</b>	-623,912.
<b>6</b> Combine lines 4 and 5 .....	<b>6</b>	-2,772,860.
<b>7</b> Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) .....	<b>7</b>	-2,957,013.
<b>8</b> Enter exchange rate used for line 7 ..... <b>1.066413</b> ▶		

**Schedule I Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 .....		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 .....		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 .....		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions .....	4	

**Schedule J Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
<b>Totals</b>								

**Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

▶ Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JUL 1**, 20**22**, and ending **JUN 30**, 20**23**

OMB No. 1545-1910

Attachment  
 Sequence No. **140**

Name of person filing this return **THE CENTER FOR REPRODUCTIVE RIGHTS, INC.** Filer's identifying number **13-3669731**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)  
**199 WATER STREET, 22ND FLOOR**

City or town, state, and ZIP code  
**NEW YORK, NY 10038**

Filer's tax year beginning **JUL 1**, 20**22**, and ending **JUN 30**, 20**23**

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here  FDE of a U.S. person  FDE of a controlled foreign corporation (CFC)  FDE of a controlled foreign partnership  
 FB of a U.S. person  FB of a CFC  FB of a controlled foreign partnership

Check here  Initial Form 8858  Final Form 8858

<b>1a</b> Name and address of FDE or FB <b>CRR (COLOMBIA BRANCH) BANCO GNB SUDAMERIS, CARRERA 7 NO 7 BOGOTA COLOMBIA</b>		<b>b(1)</b> U.S. identifying number, if any	
		<b>b(2)</b> Reference ID number (see instructions) <b>CRRCOL</b>	
<b>c</b> For FDE, country(ies) under whose laws organized and entity type under local tax law <b>COLOMBIA TAX EXEMPT ORGANIZA</b>		<b>d</b> Date(s) of organization <b>03 01 11</b>	<b>e</b> Effective date as FDE
<b>f</b> If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	<b>g</b> Country in which principal business activity is conducted <b>COLOMBIA</b>	<b>h</b> Principal business activity <b>LEGAL ADVOCAC</b>	<b>i</b> Functional currency <b>COP</b>

**2** Provide the following information for the FDE's or FB's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States	<b>b</b> Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
--	---

**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

<b>a</b> Name and address <b>TAX OWNER SAME AS FILER</b>	<b>b</b> Annual accounting period covered by the return (see instructions)	
	<b>c(1)</b> U.S. identifying number, if any <b>13-3669731</b>	
	<b>c(2)</b> Reference ID number (see instructions)	
	<b>d</b> Country under whose laws organized <b>UNITED STATES</b>	<b>e</b> Functional currency <b>USD</b>

**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Country under whose laws organized	
	<b>c</b> U.S. identifying number, if any	<b>d</b> Functional currency

**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	
11 Total deductions (exclude income tax expense)	11	5720067582.
12 Income tax expense	12	1,247,451.
13 Other adjustments	13	-118,177.
14 Net income (loss) per books	14	-5720067582.
		-1,365,628.

**Schedule C-1 Section 987 Gain or Loss Information**

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	4,119.	19,312.
2	Other assets	886.	61,360.
3	Total assets	5,005.	80,672.
Liabilities and Owner's Equity			
4	Liabilities	3,278,974.	4,720,269.
5	Owner's equity	-3,273,969.	-4,639,597.
6	Total liabilities and owner's equity	5,005.	80,672.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		X
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

**Schedule G Other Information** (continued)

		Yes	No
<b>6</b>	Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>			
<b>7a</b>	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>8a</b>	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>9</b>	<i>Answer only if the tax owner of the FDE or FB is a CFC:</i> Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>			
<b>10a</b>	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
<b>b</b>	If "Yes," enter the amount of the dual consolidated loss \$ ( _____ )		
<b>11a</b>	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		X
<b>b</b>	Enter the amount of the dual consolidated loss for the combined separate unit \$ ( _____ )		
<b>c</b>	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) \$ _____		
<b>12a</b>	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
<b>b</b>	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
<b>c</b>	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
<b>d</b>	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
<b>e</b>	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year \$ _____ . See instructions.		
<b>13a</b>	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		X
<b>b</b>	If "Yes," enter the total amount of recapture \$ _____ . See instructions.		

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)

**Important:** Enter the amounts on lines 1 through 6 in functional currency.

<b>1</b>	Current year net income (loss) per foreign books of account	<b>1</b>	-5720067582.
<b>2</b>	Total net additions	<b>2</b>	
<b>3</b>	Total net subtractions	<b>3</b>	
<b>4</b>	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	<b>4</b>	-5720067582.
<b>5</b>	DASTM gain (loss) (if applicable)	<b>5</b>	-541889186.
<b>6</b>	Combine lines 4 and 5	<b>6</b>	-6261956768.
<b>7</b>	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	<b>7</b>	-1,365,628.
<b>8</b>	Enter exchange rate used for line 7 .000218		

**Schedule I Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 .....		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 .....		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 .....		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions .....	4	

**Schedule J Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
<b>Totals</b>								

**Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

▶ Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JUL 1**, 20**22**, and ending **OCT 31**, 20**22**

Name of person filing this return <b>THE CENTER FOR REPRODUCTIVE RIGHTS, INC.</b>	Filer's identifying number <b>13-3669731</b>
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Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)  
**199 WATER STREET, 22ND FLOOR**

City or town, state, and ZIP code  
**NEW YORK, NY 10038**

Filer's tax year beginning **JUL 1**, 20**22**, and ending **JUN 30**, 20**23**

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here  FDE of a U.S. person  FDE of a controlled foreign corporation (CFC)  FDE of a controlled foreign partnership  
 FB of a U.S. person  FB of a CFC  FB of a controlled foreign partnership

Check here  Initial Form 8858  Final Form 8858

<b>1a</b> Name and address of FDE or FB <b>CRR (KENYA BRANCH) 4TH FL PINETREE, PO BOX 48136-0010 NAIROBI KENYA</b>	<b>b(1)</b> U.S. identifying number, if any
	<b>b(2)</b> Reference ID number (see instructions) <b>CRRKEN</b>
<b>c</b> For FDE, country(ies) under whose laws organized and entity type under local tax law <b>KENYA TAX EXEMPT ORGANIZA</b>	<b>d</b> Date(s) of organization <b>05 01 11</b>
	<b>e</b> Effective date as FDE
<b>f</b> If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	<b>g</b> Country in which principal business activity is conducted <b>KENYA</b>
	<b>h</b> Principal business activity <b>LEGAL ADVOCAC</b>
	<b>i</b> Functional currency <b>KES</b>

**2** Provide the following information for the FDE's or FB's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States	<b>b</b> Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
--	---

**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

<b>a</b> Name and address <b>TAX OWNER SAME AS FILER</b>	<b>b</b> Annual accounting period covered by the return (see instructions)
	<b>c(1)</b> U.S. identifying number, if any <b>13-3669731</b>
	<b>c(2)</b> Reference ID number (see instructions)
	<b>d</b> Country under whose laws organized <b>UNITED STATES</b>
	<b>e</b> Functional currency <b>USD</b>

**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Country under whose laws organized
	<b>c</b> U.S. identifying number, if any
	<b>d</b> Functional currency

**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.



**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	
11 Total deductions (exclude income tax expense)	11	62,482,245.
12 Income tax expense	12	
13 Other adjustments	13	258,727.
14 Net income (loss) per books	14	-62,482,245.

**Schedule C-1 Section 987 Gain or Loss Information**

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	85,993.	35,139.
2	Other assets	188,694.	202,281.
3	Total assets	274,687.	237,420.
Liabilities and Owner's Equity			
4	Liabilities	6,223,267.	6,448,468.
5	Owner's equity	-5,948,580.	-6,211,048.
6	Total liabilities and owner's equity	274,687.	237,420.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		X
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

**Schedule G Other Information** (continued)

		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>			
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		X
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
9	<i>Answer only if the tax owner of the FDE or FB is a CFC:</i> Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>			
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		X
b	If "Yes," enter the amount of the dual consolidated loss \$		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		X
b	Enter the amount of the dual consolidated loss for the combined separate unit \$		
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		X
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year \$		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		X
b	If "Yes," enter the total amount of recapture \$		

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)

**Important:** Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	-62,482,245.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	-62,482,245.
5	DASTM gain (loss) (if applicable)	5	31,016,885.
6	Combine lines 4 and 5	6	-31,465,360.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-262,468.
8	Enter exchange rate used for line 7		.008341

**Schedule I Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 .....		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 .....		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 .....		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions .....	4	

**Schedule J Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
<b>Totals</b>								

FORM 8858 ORGANIZATIONAL CHART STATEMENT 1

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
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TAX CLASSIFICATION

CENTER FOR REPRODUCTIVE RIGHTS DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A CORPORATION	100.0000%	DIRECTLY CONTROLS FDE	US
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ATTACHMENT FOR FORM 8858, LINE 5

FORM 8858 ORGANIZATIONAL CHART STATEMENT 2

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
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TAX CLASSIFICATION

CENTER FOR REPRODUCTIVE RIGHTS DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A CORPORATION	100.0000%	OWNER OF THE FOREIGN BRANCH	US
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ATTACHMENT FOR FORM 8858, LINE 5

FORM 8858 ORGANIZATIONAL CHART STATEMENT 3

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
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TAX CLASSIFICATION

CENTER FOR REPRODUCTIVE RIGHTS DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A CORPORATION	100.0000%	OWNER OF THE FOREIGN BRANCH	US
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ATTACHMENT FOR FORM 8858, LINE 5

FORM 8858

ORGANIZATIONAL CHART

STATEMENT 4

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
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TAX CLASSIFICATION

CENTER FOR REPRODUCTIVE RIGHTS DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A CORPORATION	100.0000%	OWNER OF THE FOREIGN BRANCH	US
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ATTACHMENT FOR FORM 8858, LINE 5