

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)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization THE CENTER FOR REPRODUCTIVE RIGHTS, INC. D Employer identification number 13-3669731
E Telephone number 917-637-3600
G Gross receipts \$ 73,134,520.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: WWW.REPRODUCTIVERIGHTS.ORG
K Form of organization: Corporation Trust Association Other L Year of formation: 1992 M State of legal domicile: DE

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Governance metrics 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

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

Sign Here: Signature of officer NANCY NORTHUP, PRESIDENT & CEO Date
Paid: Preparer's name EVA MRUK Preparer's signature EVA MRUK Date 04/17/26 Check if self-employed PTIN P00543254
Preparer Use Only: Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC Firm's EIN 33-1374517
Firm's address 245 PARK AVENUE, 12TH FLOOR NEW YORK, NY 10167 Phone no. 212-286-2600

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 \$ 31,833,309. including grants of \$ 2,396,319.) (Revenue \$ 0.) LEGAL PROGRAM - SEE SCHEDULE O

4b (Code:) (Expenses \$ 7,605,190. including grants of \$ 0.) (Revenue \$ 0.) GOVERNMENT AND EXTERNAL AFFAIRS - SEE SCHEDULE O

4c (Code:) (Expenses \$ 6,907,384. including grants of \$ 0.) (Revenue \$ 0.) COMMUNICATIONS - SCHEDULE O

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

4e Total program service expenses 46,345,883.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational status, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included on line 1a... 20; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a 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; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 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? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a 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; 16b 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. [X] Own website [X] Another's website [X] 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
ALPHA CONTEH, CHIEF FINANCIAL 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				594,834.	0.	64,597.
(2) MICHELLE DEES CHIEF STRATEGY & OPER. OFFICER	35.00			X				404,887.	0.	95,334.
(3) ENID NDIGA CHIEF PROGRAM OFFICER	35.00				X			617,359.	0.	84,612.
(4) TRAVIS TU GENERAL COUNSEL	35.00				X			365,385.	0.	67,899.
(5) RACHANA DESAI MARTIN, CHIEF GOVERNMENT/EXTERNAL RELATION OFFICER	35.00				X			357,866.	0.	57,624.
(6) GABRIELLA E. MORRIS CHIEF DEVELOPMENT OFFICER	35.00				X			390,522.	0.	10,254.
(7) RIHAM MAHMOUD SR. DIRECTOR, HUMAN RESOURCES	35.00				X			294,898.	0.	57,153.
(8) BETH S. BRINKMANN, SR. DIR., US LITIGATION, THRU NOV 2024	35.00				X			316,912.	0.	32,080.
(9) JILL BERGER DEPUTY CHIEF DEVELOPMENT OFFICER	35.00				X			252,555.	0.	46,747.
(10) ALEJANDRA A. CARDENAS SR. DIRECTOR, LEGAL STRATEGIES	35.00				X			216,409.	0.	78,062.
(11) JOUNG-AH GHEDINI-WILLIAMS CHIEF COMMUNICATIONS/MKTG OFFICER	35.00					X		363,258.	0.	67,966.
(12) PRIYA SINGH CHIEF OF STAFF	35.00					X		301,048.	0.	25,123.
(13) CATHERINE P. MEVS, DEPUTY CHIEF COMMUNICATIONS & MARKETING	35.00					X		244,053.	0.	39,559.
(14) KOMLAN LONERGAN, SR. DIRECTOR GLOBAL TECHNOLOGY & OPERATION	35.00					X		259,205.	0.	21,244.
(15) BENITA MILLER VP US PROGRAMS, THRU FEB 2025	35.00					X		265,571.	0.	8,181.
(16) RAJI KALRA, FORMER CHIEF FINANCIAL & ADMIN OFFICER	0.00						X	115,638.	0.	5,620.
(17) MICHELE COLEMAN MAYES 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) JANET K. LEVIT VICE CHAIR	3.00	X		X				0.	0.	0.
(19) PENNY ABEYWARDENA SECRETARY	3.00	X		X				0.	0.	0.
(20) LOUISA RITTER TREASURER	3.00	X		X				0.	0.	0.
(21) CYNTHIA M. BLUMENTHAL DIRECTOR	1.00	X						0.	0.	0.
(22) SANTIAGO CANTON DIRECTOR	3.00	X						0.	0.	0.
(23) JONATHAN FINE DIRECTOR	3.00	X						0.	0.	0.
(24) LAURA FRANCO DIRECTOR	1.00	X						0.	0.	0.
(25) MWABA P. KASESE-BOTA DIRECTOR	1.00	X						0.	0.	0.
(26) TARA KOLE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								5,360,400.	0.	762,055.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,360,400.	0.	762,055.

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 120

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
K2D STRATEGIES, 4075 WILSON BOULEVARD, SUITE 800, ARLINGTON, VA 22203	DIRECT MAIL CONSULTING	726,683.
O'CONNOR CONSULTING SERVICES LLC, 4770 HOWARD PLACE, CHESAPEAKE BEACH, MD 20732	ACCOUNTING SERVICES	591,240.
FGS HOLDINGS LLC, 909 THIRD AVENUE, 32 FLOOR, NEW YORK, NY 10022	PUBLIC RELATIONS SERVICES	539,690.
PRODUCTION SOLUTIONS, 1953 GALLOWS ROAD, SUITE 600, VIENNA, VA 22182	DIRECT MAIL PUBLICATIONS & MAIL	495,351.
GSD&M 828 WEST 6TH STREET, AUSTIN, TX 78703	VIDEO & PRODUCTION MEDIA SERVICES	262,100.

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 25

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	6,586,200.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	45,626,200.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,629,553.				
	h Total. Add lines 1a-1f		52,212,400.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,774,330.			2774330.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				17,822,078.			
	b Less: cost or other basis and sales expenses	7b	18,023,097.				
	c Gain or (loss)	7c	-201,019.				
	d Net gain or (loss)			-201,019.		-201,019.	
8 a Gross income from fundraising events (not including \$ 6,586,200. of contributions reported on line 1c). See Part IV, line 18	8a		223,245.				
		b Less: direct expenses	8b	1,373,185.			
c Net income or (loss) from fundraising events			-1,149,940.		-1149940.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a REIMBURSEMENTS	Business Code	900099	62,000.		62,000.	
	b ATTORNEY AWARD FEES		900099	34,193.		34,193.	
	c REFUNDS		900099	6,274.		6,274.	
	d All other revenue						
	e Total. Add lines 11a-11d			102,467.			
12 Total revenue. See instructions			53,738,238.	0.	0.	1525838.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	207,256.	207,256.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,189,063.	2,189,063.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,434,338.	3,097,697.	476,059.	860,582.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,994,348.	21,222,150.	5,495,695.	4,276,503.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,811,845.	1,231,959.	322,078.	257,808.
9 Other employee benefits	4,297,038.	2,934,300.	739,643.	623,095.
10 Payroll taxes	2,715,010.	1,870,096.	453,026.	391,888.
11 Fees for services (nonemployees):				
a Management				
b Legal	179,308.	132,297.	26,858.	20,153.
c Accounting	131,741.	97,201.	19,733.	14,807.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	634,633.			634,633.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,331,541.	5,432,164.	1,085,154.	814,223.
12 Advertising and promotion	448,151.	330,654.	67,129.	50,368.
13 Office expenses	1,896,434.	1,367,240.	266,397.	262,797.
14 Information technology	1,205,119.	719,105.	295,828.	190,186.
15 Royalties				
16 Occupancy	2,659,428.	2,287,451.	163,585.	208,392.
17 Travel	2,725,451.	2,314,873.	85,283.	325,295.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	167,466.	142,238.	5,240.	19,988.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	151,986.	138,828.	6,213.	6,945.
23 Insurance	404,799.	335,237.	30,660.	38,902.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT & MAINTENANCE	313,366.	221,427.	82,860.	9,079.
b DIRECT MAIL	218,780.	45,570.	4,182.	169,028.
c VAT EXPENSE	48,232.	26,352.	4,480.	17,400.
d MISC OPERATING EXPENSES	2,725.	2,725.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	65,168,058.	46,345,883.	9,630,103.	9,192,072.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	
Assets	1 Cash - non-interest-bearing	17,161,211.	1	9,904,045.	
	2 Savings and temporary cash investments	20,758,971.	2	7,261,692.	
	3 Pledges and grants receivable, net	15,185,138.	3	10,543,216.	
	4 Accounts receivable, net	510,608.	4	1,140,360.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	662,373.	9	901,535.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,131,878.			
	b Less: accumulated depreciation	10b 1,112,518.	496,914.	10c	1,019,360.
	11 Investments - publicly traded securities	42,542,625.	11	59,205,276.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	19,727,448.	15	22,237,089.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	117,045,288.	16	112,212,573.		
Liabilities	17 Accounts payable and accrued expenses	4,680,830.	17	5,850,788.	
	18 Grants payable		18		
	19 Deferred revenue	57,637.	19	243,668.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 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	20,695,462.	25	23,976,840.	
	26 Total liabilities. Add lines 17 through 25	25,433,929.	26	30,071,296.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	59,193,437.	27	60,864,381.	
	28 Net assets with donor restrictions	32,417,922.	28	21,276,896.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	91,611,359.	32	82,141,277.	
	33 Total liabilities and net assets/fund balances	117,045,288.	33	112,212,573.	

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	53,738,238.
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,168,058.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,429,820.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,611,359.
5	Net unrealized gains (losses) on investments	5	2,065,334.
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	-105,596.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	82,141,277.

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 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55354503.	61017680.	53459661.	65374817.	52212400.	287419061
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	55354503.	61017680.	53459661.	65374817.	52212400.	287419061
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15695567.
6 Public support. Subtract line 5 from line 4.						271723494

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	55354503.	61017680.	53459661.	65374817.	52212400.	287419061
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	431,787.	634,430.	854,053.	899,173.	2774330.	5593773.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	13,656.	1852830.	2369961.	50,374.	102,467.	4389288.
11 Total support. Add lines 7 through 10						297402122
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	91.37 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	90.22 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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 stop here. 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 10% -facts-and-circumstances test - 2023. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a 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 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 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>		
2		
3 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>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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>		
2a		
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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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>		
3a		
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>		
3b		

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. 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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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

2021 AMOUNT: \$ 1,830,987.
2022 AMOUNT: \$ 2,369,041.
2024 AMOUNT: \$ 34,193.

OTHER REVENUE

2020 AMOUNT: \$ 13,656.
2021 AMOUNT: \$ 21,843.
2022 AMOUNT: \$ 920.
2023 AMOUNT: \$ 4,280.

REFUNDS

2023 AMOUNT: \$ 45,076.
2024 AMOUNT: \$ 6,274.

INSURANCE PROCEEDS

2023 AMOUNT: \$ 1,018.

REIMBURSEMENTS

2024 AMOUNT: \$ 62,000.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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 THE CENTER FOR REPRODUCTIVE RIGHTS, INC.	Employer identification number 13-3669731
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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>3,050,000.</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>2,507,620.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,400,000.</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>1,318,701.</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>1,254,031.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CENTER FOR REPRODUCTIVE RIGHTS, INC.	Employer identification number 13-3669731
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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>1,180,000.</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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate 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
2	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 2,507,620.	02/12/25
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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
(e) Transfer of gift			
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
(e) Transfer of gift			
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
(e) Transfer of gift			
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
(e) Transfer of gift			
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

2024

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 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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 THE CENTER FOR REPRODUCTIVE RIGHTS, INC.	Employer identification number (EIN) 13-3669731
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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 EINs 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) 2024

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	53,453.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	219,903.													
c	Total lobbying expenditures (add lines 1a and 1b)	273,356.													
d	Other exempt purpose expenditures	55,702,630.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	55,975,986.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN 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:	THEN 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.	1,000,000.	
IF the amount on line 1e, column (a) or (b), is:	THEN 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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	875,062.	503,072.	423,964.	273,356.	2,075,454.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	107,978.	69,473.	10,001.	53,453.	240,905.

Schedule C (Form 990) 2024

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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	1,702,664.	1,520,921.	1,468,259.	1,794,159.	1,457,629.
b Contributions					
c Net investment earnings, gains, and losses	206,719.	181,743.	133,989.	-240,291.	423,546.
d Grants or scholarships					
e Other expenditures for facilities and programs	81,039.	0.	81,327.	85,594.	81,400.
f Administrative expenses	0.	0.	0.	15.	5,616.
g End of year balance	1,828,344.	1,702,664.	1,520,921.	1,468,259.	1,794,159.

- 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 100 %
 - c** Term endowment 0.0000 %
- 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		1,254,851.	755,135.	499,716.
d Equipment		255,143.	146,171.	108,972.
e Other		621,884.	211,212.	410,672.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,019,360.

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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	306,699.
(2) OPERATING RIGHT OF USE ASSETS, NET	21,930,390.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	22,237,089.

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	23,976,840.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	23,976,840.

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	91,379,149.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	2,065,334.	
	b Donated services and use of facilities	2b	35,357,663.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	311,938.	
	e Add lines 2a through 2d	2e		37,734,935.
3	Subtract line 2e from line 1		3	53,644,214.
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	128.	
	b Other (Describe in Part XIII.)	4b	93,896.	
	c Add lines 4a and 4b	4c		94,024.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	53,738,238.

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	100,849,231.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	35,357,663.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	323,638.	
	e Add lines 2a through 2d	2e		35,681,301.
3	Subtract line 2e from line 1		3	65,167,930.
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	128.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		128.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	65,168,058.

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, 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII 311,938.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE LOSS 93,896.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF UNCOLLECTIBLE PLEDGES 11,700.

SPECIAL EVENT EXPENSES REPORTED ON PART VIII 311,938.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 323,638.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

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
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	ADVOCACY & LITIGATION	86,386.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	ADVOCACY & LITIGATION	23,147.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	17	PROGRAM SERVICES	ADVOCACY & LITIGATION	2,597,800.
NORTH AMERICA	0	3	PROGRAM SERVICES	ADVOCACY & LITIGATION	72,869.
SOUTH AMERICA	1	23	PROGRAM SERVICES	ADVOCACY & LITIGATION	2,578,778.
SOUTH ASIA	0	6	PROGRAM SERVICES	ADVOCACY & LITIGATION	886,604.
SUB-SAHARAN AFRICA	1	29	PROGRAM SERVICES	ADVOCACY & LITIGATION	3,140,499.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		75,174.
3 a Subtotal	3	80			9,461,257.
b Total from continuation sheets to Part I	0	0			2,113,890.
c Totals (add lines 3a and 3b)	3	80			11,575,147.

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

Schedule F (Form 990) (Rev. 12-2024)

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		156,110.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		395,112.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		33,664.
SOUTH AMERICA	0	0	GRANTMAKING		137,989.
SOUTH ASIA	0	0	GRANTMAKING		269,035.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,121,980.
Totals					2,113,890.

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	7,371.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE RIGHTS & JUSTICE	7,200.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE RIGHTS & JUSTICE	24,894.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE RIGHTS & JUSTICE	26,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROMOTE RIGHTS & JUSTICE	99,820.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROMOTE RIGHTS & JUSTICE	38,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROMOTE RIGHTS & JUSTICE	17,790.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROMOTE RIGHTS & JUSTICE	32,500.	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 **54**

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 (INCLUDING ICELAND & GREENLAND)	PROMOTE RIGHTS & JUSTICE	14,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROMOTE RIGHTS & JUSTICE	78,537.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROMOTE RIGHTS & JUSTICE	11,545.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROMOTE RIGHTS & JUSTICE	29,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROMOTE RIGHTS & JUSTICE	48,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROMOTE RIGHTS & JUSTICE	79,591.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROMOTE RIGHTS & JUSTICE	61,497.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROMOTE RIGHTS & JUSTICE	19,953.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROMOTE RIGHTS & JUSTICE	19,989.	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)
		RUSSIA AND NEIGHBORING STATES	PROMOTE RIGHTS & JUSTICE	15,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROMOTE RIGHTS & JUSTICE	18,664.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	11,000.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	8,864.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	63,000.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	5,258.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	10,000.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	16,072.	WIRE	0.		
		SOUTH AMERICA	PROMOTE RIGHTS & JUSTICE	12,216.	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	47,299.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	23,750.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	97,226.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	83,754.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	8,764.	WIRE	0.		
		SOUTH ASIA	PROMOTE RIGHTS & JUSTICE	8,242.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	26,352.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	60,552.	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	67,366.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	25,600.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	6,748.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	46,224.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	84,626.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	32,467.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	48,572.	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	45,778.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	29,738.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	103,328.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	38,948.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	23,889.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	25,786.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	83,955.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	55,139.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROMOTE RIGHTS & JUSTICE	44,437.	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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

GRANTS WERE PAID TO NONPROFIT PARTNER ORGANIZATIONS THAT WORK TO SUPPORT THE CENTER'S MISSION OF ADVANCING REPRODUCTIVE HEALTH AND HUMAN RIGHTS. THE GLOBAL LEGAL PROGRAM SUPPORTS LEGAL REFORM EFFORTS AND ARGUMENTS FOR PRECEDENT-SETTING CASES IN NATIONAL COURTS IN AFRICA, ASIA, EASTERN EUROPE AND LATIN AMERICA, AND FURTHER CATALYZES REPRODUCTIVE RIGHTS ADVOCACY WORLDWIDE BY EMPOWERING NATIONAL ADVOCATES TO USE LEGAL AND HUMAN RIGHTS STRATEGIES THROUGH COLLABORATIVE LITIGATION AND ADVOCACY, NATIONAL AND REGIONAL TRAININGS, AND THE FOSTERING OF A DIALOGUE AMONG KEY REPRODUCTIVE RIGHTS STAKEHOLDERS. PRIOR TO SIGNING A GRANT AGREEMENT, THE CENTER'S EMPLOYEES RUN A BACKGROUND CHECK FOR ANY NEW GRANTEE. PARTNER ORGANIZATIONS SUBMIT ACTIVITY REPORTS TO ENSURE COMPLIANCE WITH THE TERMS OF THE AGREEMENTS. PROJECT SUPERVISORS REGULARLY CHECK IN WITH PARTNER ORGANIZATIONS TO MAKE SURE THAT ACTIVITIES ARE BEING COMPLETED ON TASK AND ON TIME.

PART I, LINE 3:

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

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
K2D STRATEGIES - 4201 WILSON BOULEVARD, SUITE 300, THE STELTER COMPANY - P.O. BOX 5228, DES MOINES, IA	DIRECT MAIL CONSULTING		X	9,868,197.	596,933.	9,271,264.
HOLMAN CONSULTING, INC - 45 WEST 60TH STREET, NEW YORK,	PLANNED GIVING CONSULTING		X	0.	12,700.	-12,700.
	PLANNED GIVING CONSULTING		X	0.	25,000.	-25,000.
Total				9,868,197.	634,633.	9,233,564.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
AR, AK, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MS, MO, NE, NH, NJ, NY, NC, ND, OK, OR, PA, RI, SC, TN, UT, WA, WI

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)	1 (total number)		
Revenue	1	Gross receipts	2,948,096.	2,478,478.	1,382,871.	6,809,445.
	2	Less: Contributions	2,856,516.	2,415,573.	1,314,111.	6,586,200.
	3	Gross income (line 1 minus line 2)	91,580.	62,905.	68,760.	223,245.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	181,513.	36,712.	118,374.	336,599.
	7	Food and beverages	122,504.	196,237.	49,658.	368,399.
	8	Entertainment	10,500.	3,673.	0.	14,173.
	9	Other direct expenses	257,112.	205,410.	191,492.	654,014.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,373,185.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,149,940.	

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				
	2	Cash prizes				
Direct Expenses	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 the 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: THE STELTER COMPANY
 (I) ADDRESS OF FUNDRAISER: P.O. BOX 5228, DES MOINES, IA 50305

(I) NAME OF FUNDRAISER: HOLMAN CONSULTING, INC
 (I) ADDRESS OF FUNDRAISER: 45 WEST 60TH STREET, NEW YORK, NY 10023

PART I, LINE 2B, COLUMN (V):
 THE CENTER FOR REPRODUCTIVE RIGHTS (CRR) HAS ENGAGED K2D TO PROVIDE SERVICES FOR A MONTHLY RETAINER OF \$44,000. IF SERVICES ARE NOT PROVIDED FOR AN ENTIRE MONTH, CRR WILL BE BILLED A PRORATED AMOUNT. ADDITIONALLY, CRR WILL REIMBURSE K2D FOR REASONABLE AND NECESSARY OUT-OF-POCKET

Part IV Supplemental Information *(continued)*

EXPENSES DIRECTLY RELATED TO THE SERVICES, BILLED AT ACTUAL COST. LOCAL TRAVEL WITHIN A 25-MILE RADIUS IS INCLUDED IN THE RETAINER WHILE ANY ADDITIONAL TRAVEL WILL BE PRE-ESTIMATED AND REIMBURSED. EXPENSES EXCEEDING \$500 REQUIRE PRIOR WRITTEN APPROVAL FROM CRR.

CRR HAS ALSO ENGAGED THE STELTER COMPANY BEGINNING FISCAL YEAR 2025. IN CONSIDERATION OF THE SERVICES PROVIDED BY STELTER, CRR SHALL PAY STELTER A DOWN PAYMENT EQUAL TO 50 PERCENT OF THE TOTAL FEES LISTED IN THE STATEMENT OF WORK. THE DOWN PAYMENT WILL BE INVOICED UPON EXECUTION OF THE STATEMENT OF WORK AND IS DUE UPON RECEIPT. WORK WILL NOT COMMENCE UNTIL PAYMENT IS RECEIVED. ANYTHING OUTSIDE OF THE STATEMENT OF WORK IS CONSIDERED OUT OF SCOPE FOR THIS CONTRACT, AND WILL BE SUBJECT TO ADDITIONAL FEES AND COSTS, AT STELTER'S STANDARD RATES.

LASTLY, CRR ENGAGED HOLMAN CONSULTING, INC DURING THE YEAR. HOLMAN CONSULTING, INC. WILL PROVIDE A PLANNED GIVING PROGRAM TO CRR. CRR WILL MAKE AVAILABLE OVER THE TERM OF THE AGREEMENT A TOTAL MAXIMUM AMOUNT OF \$25,000. CRR IS NOT OBLIGATED TO REIMBURSE THE COUNTERPARTY FOR EXPENDITURES IN EXCESS OF THE TOTAL MAXIMUM AMOUNT OR FOR ANY EXPENSES INCURRED OUTSIDE OF THE TERM OF THIS AGREEMENT.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CARE, INC 151 ELLIS STREET ATLANTA, GA 30303	13-1685039	501(C)(3)	206,370.	0.			TO PROMOTE WOMEN RIGHTS AND JUSTICE

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

3 Enter total number of other organizations listed in the line 1 table 0.

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.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the 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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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)	589,024.	0.	5,810.	44,042.	20,555.	659,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE DEES CHIEF STRATEGY & OPER. OFFICER	(i)	403,645.	0.	1,242.	31,556.	63,778.	500,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ENID NDIGA CHIEF PROGRAM OFFICER	(i)	443,001.	0.	174,358.	63,365.	21,247.	701,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRAVIS TU GENERAL COUNSEL	(i)	364,575.	0.	810.	28,530.	39,369.	433,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RACHANA DESAI MARTIN, CHIEF GOVERNMENT/EXTERNAL RELATION OFFICER	(i)	357,056.	0.	810.	16,155.	41,469.	415,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GABRIELLA E. MORRIS CHIEF DEVELOPMENT OFFICER	(i)	386,178.	0.	4,344.	0.	10,254.	400,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RIHAM MAHMOUD SR. DIRECTOR, HUMAN RESOURCES	(i)	294,088.	0.	810.	22,561.	34,592.	352,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BETH S. BRINKMANN, SR. DIR., US LITIGATION, THRU NOV 2024	(i)	269,671.	0.	47,241.	1,757.	30,323.	348,992.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JILL BERGER DEPUTY CHIEF DEVELOPMENT OFFICER	(i)	251,745.	0.	810.	19,559.	27,188.	299,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALEJANDRA A. CARDENAS SR. DIRECTOR, LEGAL STRATEGIES	(i)	215,914.	0.	495.	17,331.	60,731.	294,471.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOUNG-AH GHEDINI-WILLIAMS CHIEF COMMUNICATIONS/MKTG OFFICER	(i)	360,936.	0.	2,322.	11,748.	56,218.	431,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PRIYA SINGH CHIEF OF STAFF	(i)	300,562.	0.	486.	3,834.	21,289.	326,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CATHERINE P. MEVS, DEPUTY CHIEF COMMUNICATIONS & MARKETING	(i)	243,573.	0.	480.	15,588.	23,971.	283,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KOMLAN LONERGAN, SR. DIRECTOR GLOBAL TECHNOLOGY & OPERATION	(i)	258,673.	0.	532.	19,325.	1,919.	280,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) BENITA MILLER VP US PROGRAMS, THRU FEB 2025	(i)	264,484.	0.	1,087.	0.	8,181.	273,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) RAJI KALRA, FORMER CHIEF FINANCIAL & ADMIN OFFICER	(i)	61,825.	0.	53,813.	2,289.	3,331.	121,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

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 RAJI KALRA'S AND BETH S. BRINKMANN'S SEPARATION AGREEMENTS, THE ORGANIZATION MADE PAYMENTS IN THE AMOUNTS OF \$53,712 AND \$43,260 IN 2024, RESPECTIVELY. THE PAYMENTS WERE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENTS.

PART I, LINE 7:

INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED EXPATRIATE COMPENSATION DURING CALENDAR YEAR 2024, WHICH WAS INCLUDED IN COLUMN B(III) HEREIN AND IN THEIR RELATED TAXABLE WAGES REPORTED TO THE SWISS TAXING AUTHORITY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

Go to 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	83	4,620,005.	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	5	9,548.	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**

30a During the year, did the organization receive by contribution any property reported on 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?
 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?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2024

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, PART I, 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)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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,
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:

THE CENTER'S FY22-FY25 STRATEGIC PLAN GOAL IS: BY 2030, HALF THE
WORLD'S POPULATION WILL BE LIVING UNDER STRONGER LEGAL PROTECTIONS FOR
REPRODUCTIVE RIGHTS. SINCE THE BEGINNING OF THE FY22 STRATEGIC PLAN THE
CENTER HAS:

- EXPANDED ABORTION RIGHTS IN LAW AND POLICY IN INDIA, GERMANY, KENYA,
COLOMBIA, PERU, NEPAL, ECUADOR, EL SALVADOR, EUROPEAN UNION, MALTA,
HONDURAS, ARMENIA, RWANDA, NICARAGUA, NIGERIA, NORWAY, AND GUATEMALA,
WITHIN THE UNITED STATES, MICHIGAN, ILLINOIS, AND NORTH DAKOTA.
- EXPANDED ADOLESCENT'S RIGHTS TO SRHR IN PHILIPPINES, TANZANIA, PERU,
ECUADOR, NEPAL MALAWI AND BOLIVIA.
- EXPANDED POLICIES ON ASSISTED REPRODUCTION IN INDIA AND, WITHIN THE
UNITED STATES, MICHIGAN, MAINE, MASSACHUSETTS AND CONNECTICUT
- STRENGTHENED SRHR ACCESS IN HUMANITARIAN SETTINGS IN UGANDA,
BANGLADESH, NEPAL AND IN EUROPEAN UNION COUNTRIES HOSTING REFUGEES FROM
UKRAINE TO ENSURE THAT RIGHTS-BASED REPRODUCTIVE HEALTH SERVICES ARE
AVAILABLE.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	Employer identification number
THE CENTER FOR REPRODUCTIVE RIGHTS, INC. - EXPANDED MATERNAL HEALTH RIGHTS IN BRAZIL, COLOMBIA, WITHIN THE UNITED STATES, HAWAII.	13-3669731

FORM 990, PART III, LINE 4B, GOVERNMENT AND EXTERNAL AFFAIRS:
THE CENTER PROVIDES TECHNICAL ASSISTANCE TO POLICYMAKERS AND ADVOCATES AROUND THE GLOBE WHICH RESULTS IN POLICIES AND RESOLUTIONS TO PROTECT SRHR. IT PROVIDES TECHNICAL ASSISTANCE TO UN BODIES, INCLUDING THE COMMISSION STATUS WOMEN, COMMISSION POPULATION AND DEVELOPMENT, GENERAL ASSEMBLY, SECURITY COUNCIL AND HUMAN RIGHTS COUNCIL.

THE CENTER HAS COLLABORATED WITH THE ICRC, THE UN SECURITY COUNCIL, UNHCR AND HUMAN RIGHTS COUNCIL, AS WELL AS WITH THE EUROPEAN COMMISSION AND EUROPEAN PARLIAMENT, TO ADVANCE GOVERNMENT'S LEGAL OBLIGATIONS TO INCLUDE SRHR SERVICES IN HUMANITARIAN SETTINGS.

FORM 990, PART III, LINE 4C, COMMUNICATIONS:
THE CENTER COMMUNICATIONS STRATEGY AIMS TO INCREASE GLOBAL AWARENESS AND ENGAGEMENT WITH EXISTING AND NEW AUDIENCES ON REPRODUCTIVE RIGHTS. THE CENTER PUBLISHED REPORTS AND ARTICLES THAT SHAPE THE PUBLIC DEBATE IN THE US ON THE HARMS OF REVERSING ROE AS WELL AS REPORTS ON SHRH IN AFRICA, EUROPE AND LATIN AMERICA. IT ALSO PUBLISHES KEY RESOURCES SUCH AS THE WORLD ABORTION MAP, DECRIMINALIZATION OF ABORTION, SELF-MANAGED ABORTION MAPPING AND AFTER ROE FELL.

FORM 990, PART VI, SECTION A, LINE 6:
THE MEMBERSHIP OF THE CORPORATION CONSISTS 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 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, IF A SUSPECTED ACTUAL OR POTENTIAL CONFLICT IS IDENTIFIED, THE DISCLOSURE FORMS GO TO THE OFFICE OF 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

Name of the organization	THE CENTER FOR REPRODUCTIVE RIGHTS, INC.	Employer identification number	13-3669731
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 COMPENSATION AND BENEFITS ANALYSIS, AT MINIMUM, EVERY THREE YEARS TO DETERMINE IF THE CENTER'S COMPENSATION, LEAVE AND BENEFIT PROGRAMS ARE COMPETITIVE WITH COMPARABLE ORGANIZATIONS. THE CENTER USES COMPARABLE ORGANIZATION DATA, BENCHMARK DATA, FROM THE BIRCHES GROUP INGO SURVEYS 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. ON AN ANNUAL BASIS THE CENTER PROVIDES A SALARY INCREASE FOR STAFF, DIFFERENTIATED BY REGIONAL INFLATION. ALL ELIGIBLE STAFF IN A REGION RECEIVE THE SAME SALARY INCREASE.

ANNUALLY, THE BOARD OF DIRECTORS 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. ON AN ANNUAL BASIS THE CEO IS ELIGIBLE FOR A REGIONAL SALARY INCREASE. AFTER DELIBERATION WITH THE EXECUTIVE COMMITTEE, THE CHAIR OF THE BOARD MEETS WITH THE PRESIDENT AND CEO TO PRESENT ANY FEEDBACK AS WELL AS THE DECISION REGARDING ANY CHANGE IN COMPENSATION. THE CHAIR THEN DOCUMENTS THE DECISION IN AN EMAIL TO THE CHIEF STRATEGY AND OPERATIONS OFFICER. WHEN REQUESTED BY THE BOARD OF DIRECTORS, CEO COMPENSATION IS BENCHMARKED USING COMPARABLE ORGANIZATION DATA AND BENCHMARK DATA FROM THE BIRCHES GROUP.

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, 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 ON THE CENTER'S WEBSITE.

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

TEMP AGENCIES:

PROGRAM SERVICE EXPENSES	376,478.
MANAGEMENT AND GENERAL EXPENSES	76,432.
FUNDRAISING EXPENSES	57,349.
TOTAL EXPENSES	510,259.

STAFF TRAINING:

PROGRAM SERVICE EXPENSES	73,752.
MANAGEMENT AND GENERAL EXPENSES	14,973.
FUNDRAISING EXPENSES	11,235.
TOTAL EXPENSES	99,960.

RECRUITING:

PROGRAM SERVICE EXPENSES	120,930.
MANAGEMENT AND GENERAL EXPENSES	24,551.
FUNDRAISING EXPENSES	18,421.
TOTAL EXPENSES	163,902.

Name of the organization	THE CENTER FOR REPRODUCTIVE RIGHTS, INC.	Employer identification number	13-3669731
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TRANSLATORS/INTERPRETERS:	
PROGRAM SERVICE EXPENSES	26,599.
MANAGEMENT AND GENERAL EXPENSES	5,400.
FUNDRAISING EXPENSES	4,052.
TOTAL EXPENSES	36,051.

PROGRAM/OTHER CONSULTANTS:	
PROGRAM SERVICE EXPENSES	4,456,857.
MANAGEMENT AND GENERAL EXPENSES	904,822.
FUNDRAISING EXPENSES	678,914.
TOTAL EXPENSES	6,040,593.

COURT FEES:	
PROGRAM SERVICE EXPENSES	18,571.
MANAGEMENT AND GENERAL EXPENSES	3,770.
FUNDRAISING EXPENSES	2,829.
TOTAL EXPENSES	25,170.

PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	252,567.
MANAGEMENT AND GENERAL EXPENSES	51,276.
FUNDRAISING EXPENSES	38,474.
TOTAL EXPENSES	342,317.

PHOTOGRAPHY:	
PROGRAM SERVICE EXPENSES	19,357.
MANAGEMENT AND GENERAL EXPENSES	3,930.
FUNDRAISING EXPENSES	2,949.
TOTAL EXPENSES	26,236.

HONORARIUMS:	
PROGRAM SERVICE EXPENSES	87,053.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	87,053.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,331,541.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN EXCHANGE LOSS	-93,896.
WRITE-OFF OF UNCOLLECTIBLE PLEDGES	-11,700.
TOTAL TO FORM 990, PART XI, LINE 9	-105,596.

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)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**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	0.	1,131,846.	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) (Rev. 1-2025)

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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)				

