

# 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)

2021

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

**Open to Public Inspection**

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the **2021** calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

<b>B</b> Check if applicable:	<input type="checkbox"/> Address change	C Name of organization <b>THE CENTER FOR REPRODUCTIVE RIGHTS INC</b>	D Employer identification number <b>13-3669731</b>
	<input type="checkbox"/> Name change	Doing Business As	E Telephone number <b>(917) 637-3600</b>
	<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>199 WATER STREET, 22ND FLOOR</b>	G Gross receipts \$ <b>66,754,321.</b>
	<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10038</b>	
	<input type="checkbox"/> Amended return	F Name and address of principal officer: <b>NANCY NORTHUP</b> <b>199 WATER STREET, 22ND FLOOR, NEW YORK, NY 10038</b>	
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: ▶ <b>WWW.REPRODUCTIVERIGHTS.ORG</b>			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			H(c) Group exemption number ▶
L Year of formation: <b>1992</b>			M State of legal domicile: <b>DE</b>

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE CENTER FOR REPRODUCTIVE RIGHTS USES THE POWER OF LAW TO ADVANCE REPRODUCTIVE RIGHTS AS FUNDAMENTAL HUMAN RIGHTS AROUND THE WORLD.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	186
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	1,059
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	NONE
	b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	55,354,503.	61,017,680.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,334,083.	556,569.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-244,765.	1,693,955.
	12		58,443,821.	63,268,204.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	527,297.	1,158,546.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,248,675.	28,191,091.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	522,548.	262,210.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>6,718,095.</u>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,629,187.	11,741,486.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,927,707.	41,353,333.
	19	Revenue less expenses. Subtract line 18 from line 12	22,516,114.	21,914,871.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	66,136,459.	88,387,055.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,769,453.	7,626,130.
			62,367,006.	80,760,925.

**Part II Signature Block**

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

<b>Sign Here</b>	*  Signature of officer	<u>4.6.23</u> Date
	NANCY NORTHUP PRESIDENT/CEO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KRISTIN RUFFINI</b>	Preparer's signature <b>KRISTIN RUFFINI</b>	Date <b>03/29/2023</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00741491</b>
	Firm's name ▶ <b>BDO USA, LLP</b>			Firm's EIN ▶ <b>13-5381590</b>	
	Firm's address ▶ <b>100 PARK AVENUE NEW YORK, NY 10017-5001</b>			Phone no. <b>212-885-8000</b>	

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2021)

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:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 13,579,851. including grants of \$ 554,813. ) (Revenue \$ NONE )
U.S. LEGAL PROGRAM - SEE SCHEDULE O

4b (Code: ) (Expenses \$ 9,523,150. including grants of \$ 603,733. ) (Revenue \$ NONE )
GLOBAL LEGAL PROGRAM - SEE SCHEDULE O

4c (Code: ) (Expenses \$ 4,422,546. including grants of \$ NONE ) (Revenue \$ NONE )
COMMUNICATIONS AND MARKETING: THE COMMUNICATIONS & MARKETING DEPARTMENT EDUCATES AND INFORMS KEY STAKEHOLDERS AND AUDIENCES ON THE IMPORTANCE OF BUILDING, ENFORCING, AND DEFENDING LEGAL GUARANTEES IN ORDER FOR COMMUNITIES AROUND THE WORLD TO LIVE UNDER STRONGER LEGAL PROTECTIONS FOR REPRODUCTIVE RIGHTS, ADVANCING THE CENTER'S MISSION. THE COMMUNICATIONS & MARKETING DEPARTMENT ACCOMPLISHES THE CENTER'S OBJECTIVES BY EFFECTIVELY COMMUNICATING THROUGH ITS INSTITUTIONAL CHANNELS (WEBSITE, SOCIAL MEDIA, DIRECT RESPONSE), EARNED MEDIA, EVENTS, THOUGHT LEADERSHIP, CONTENT STRATEGY, ARTS AND ENTERTAINMENT ENGAGEMENT, MARKETING, AND PARTNERSHIPS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 27,525,547.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational reporting requirements for various schedules (A through H).

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. . . . .		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. . . . .		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		94
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .		NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

<b>Part V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 186		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	X	
<b>b</b>	If "Yes," enter the name of the foreign country ► SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . .		
	If "Yes," complete Form 6069.		

Part VII 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 (22), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'X' in Yes/No columns for various items.

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, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'X' in Yes/No columns for various items.

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.
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 DEOPHISTER UFFER 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, 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 dotted 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 NONE	X		X				482,611.	NONE	67,945.
(2) MICHELLE DEES CHIEF STRATEGY & OPER. OFFICER	35.00 NONE			X				326,398.	NONE	59,655.
(3) ANDREW SOMMER GENERAL COUNSEL	35.00 NONE				X			316,259.	NONE	52,439.
(4) ANTONY MUSYOKA (THRU 1/18/22) CHIEF HUMAN RESOURCES OFFICER	35.00 NONE				X			284,679.	NONE	56,468.
(5) LOURDES RIVERA SENIOR VP, US PROGRAM	35.00 NONE				X			245,799.	NONE	53,749.
(6) JILL BERGER SENIOR DIRECTOR, DEVELOPMENT	35.00 NONE					X		237,601.	NONE	31,048.
(7) VIVIAN SIU (THRU 03/25/22) CHIEF MARKETING AND COMM OFF.	35.00 NONE				X			235,429.	NONE	20,960.
(8) ILEANA FUTTER SENIOR DIRECTOR, MAJOR GIFTS	35.00 NONE					X		214,829.	NONE	37,144.
(9) ALAN RING SR. DIRECTOR, GRANT AND COMP.	35.00 NONE					X		215,083.	NONE	29,577.
(10) SANDRA KEENAN SR. DIRECTOR, COMM&MARKETING	35.00 NONE					X		213,411.	NONE	29,765.
(11) LAUREN ELFANT DEPUTY DIRECTOR, US PROGRAM	35.00 NONE					X		210,037.	NONE	19,462.
(12) ANNE MATSUI (THRU 08/17/21) CHIEF DEVELOPMENT OFFICER	35.00 NONE				X			193,818.	NONE	30,293.
(13) TRAVIS TU ASSOCIATE GENERAL COUNSEL	35.00 NONE				X			172,417.	NONE	37,379.
(14) JOSEPH STERN CHAIR	3.00 NONE	X		X				NONE	NONE	NONE

**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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
( 15) KARLA L. MARTIN VICE CHAIR	3.00 NONE	X		X				NONE	NONE	NCNE
( 16) J.B. KITTREDGE TREASURER THRU 6/3/22	1.00 NONE	X		X				NONE	NONE	NCNE
( 17) LOUISA RITTER TREASURER AS OF 6/3/22	1.00 NONE	X		X				NONE	NONE	NCNE
( 18) LORRAINE CLASQUIN SECRETARY	1.00 NONE	X		X				NONE	NONE	NCNE
( 19) HEIDI F. LINDELOF ASSISTANT SECRETARY	1.00 NONE	X		X				NONE	NONE	NCNE
( 20) PENNY ABEYWARDENA DIRECTOR	1.00 NONE	X						NONE	NONE	NCNE
( 21) CYNTHIA BLUMENTHAL DIRECTOR	1.00 NONE	X						NONE	NONE	NCNE
( 22) ROANN COSTIN DIRECTOR	1.00 NONE	X						NONE	NONE	NCNE
( 23) MELANIE GRAY DIRECTOR THRU 6/3/22	1.00 NCNE	X						NONE	NONE	NCNE
( 24) DAVID HOFFMAN DIRECTOR	1.00 NONE	X						NONE	NONE	NCNE
( 25) RACHEL LAM DIRECTOR THRU 2/15/22	1.00 NONE	X						NONE	NONE	NCNE
<b>1b Sub-total</b>								3,348,371.	NONE	525,884.
<b>c Total from continuation sheets to Part VII, Section A</b>								NONE	NONE	NCNE
<b>d Total (add lines 1b and 1c)</b>								3,348,371.	NONE	525,884.

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 **71**

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

**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

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



**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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
( 26) JANET LEVIT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 27) JANICE MAC AVOY DIRECTOR THRU 6/3/22	1.00 NONE	X					NONE	NONE	NONE	
( 28) SHARON MALONE DIRECTOR AS OF 6/3/22	1.00 NONE	X					NONE	NONE	NCNE	
( 29) MICHELE COLEMAN MAYES DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 30) JOACHIM OSUR DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 31) JAIME PATEL DIRECTOR AS OF 6/3/22	1.00 NONE	X					NONE	NONE	NONE	
( 32) GINA PELL DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 33) CAROLE PRESERN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 34) ANITHA REDDY DIRECTOR	1.00 NONE	X					NCNE	NONE	NONE	
( 35) LISA ROSENBLUM DIRECTOR AS OF 6/3/22	1.00 NONE	X					NCNE	NONE	NONE	
( 36) MARY RUBIN DIRECTOR	1.00 NONE	X					NCNE	NONE	NONE	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

**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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	4,119,438.			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	56,898,242.			
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 5,428,559.			
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		61,017,680.			
	<b>Program Service Revenue</b>	2a	Business Code				
b							
c							
d							
e							
f		All other program service revenue . . . . .					
g		<b>Total.</b> Add lines 2a-2f . . . . . ▶		NONE			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		634,430.		634,430.	
	4	Income from investment of tax-exempt bond proceeds . ▶		NONE			
	5	Royalties . . . . . ▶		NONE			
	6a	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses	6b				
	6c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss) . . . . . ▶		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	3,133,631.			
			(ii) Other				
	7b	Less: cost or other basis and sales expenses . . . . .	7b	3,211,492.			
	7c	Gain or (loss) . . . . .	7c	-77,861.			
	d	Net gain or (loss) . . . . . ▶		-77,861.		-77,861.	
	8a	Gross income from fundraising events (not including \$ 4,119,438. of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	115,750.			
	8b	Less: direct expenses . . . . .	8b	214,625.			
c	Net income or (loss) from fundraising events . . . . . ▶		-158,875.		-158,875.		
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a	NONE				
9b	Less: direct expenses . . . . .	9b	NONE				
c	Net income or (loss) from gaming activities . . . . . ▶		NONE				
10a	Gross sales of inventory, less returns and allowances . . . . .	10a	NONE				
10b	Less: cost of goods sold . . . . .	10b	NONE				
c	Net income or (loss) from sales of inventory . . . . . ▶		NONE				
<b>Miscellaneous Revenue</b>	11a	ATTORNEY AWARD FEES	900099	1,830,987.		1,830,987.	
	b	OTHER REVENUE	900099	21,843.		21,843.	
	c						
	d	All other revenue . . . . .					
	e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		1,852,830.			
12	<b>Total revenue.</b> See instructions . . . . . ▶		63,268,234.			2,250,524.	

**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 . . . . .	610,020.	610,020.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	548,526.	548,526.		
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,266,363.	1,521,492.	375,369.	369,502.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). . . . .	NONE			
7 Other salaries and wages . . . . .	19,734,894.	13,274,208.	3,279,647.	3,181,039.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,170,394.	772,571.	188,144.	209,679.
9 Other employee benefits . . . . .	3,180,854.	2,099,664.	511,332.	569,858.
10 Payroll taxes . . . . .	1,838,586.	1,213,641.	295,558.	329,387.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	416,075.	271,617.	117,582.	26,876.
c Accounting . . . . .	146,605.	95,705.	41,430.	9,470.
d Lobbying . . . . .	32,715.	21,357.	9,245.	2,113.
e Professional fundraising services. See Part IV, line 17. . . . .	262,210.			262,210.
f Investment management fees . . . . .	15.		15.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	SEE SCHE O 4,352,797.	2,841,535.	1,230,093.	281,169.
12 Advertising and promotion . . . . .	344,024.	224,581.	97,221.	22,222.
13 Office expenses . . . . .	1,199,641.	586,042.	135,876.	477,723.
14 Information technology. . . . .	700,984.	353,512.	199,856.	147,616.
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	2,314,098.	1,683,749.	350,194.	280,155.
17 Travel . . . . .	524,226.	402,328.	61,914.	59,984.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	58,574.	44,954.	6,918.	6,702.
20 Interest . . . . .	NONE			
21 Payments to affiliates. . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	263,330.	163,487.	55,313.	44,530.
23 Insurance . . . . .	272,403.	182,070.	45,989.	44,344.
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 DUES, FEES AND SUBSCRIPTIONS . . . . .	733,943.	441,327.	101,377.	191,239.
b DIRECT MAIL . . . . .	201,007.	1,205.	NONE	199,802.
c MISCELLANEOUS . . . . .	181,049.	171,956.	6,618.	2,475.
d . . . . .				
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e . . . . .	41,353,333.	27,525,547.	7,109,691.	6,718,095.
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	<b>1</b> Cash - non-interest-bearing . . . . .	25,221,150.	<b>1</b>	31,520,548.
	<b>2</b> Savings and temporary cash investments. . . . .	2,211,847.	<b>2</b>	7,100,175.
	<b>3</b> Pledges and grants receivable, net . . . . .	12,550,679.	<b>3</b>	15,103,592.
	<b>4</b> Accounts receivable, net . . . . .	120,693.	<b>4</b>	151,418.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	448,249.	<b>9</b>	374,707.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,712,958.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 2,190,635.	621,483.	<b>10c</b> 522,323.
	<b>11</b> Investments - publicly traded securities. . . . .	24,939,485.	<b>11</b>	33,578,128.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	22,873.	<b>15</b>	36,164.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	66,136,459.	<b>16</b>	88,387,055.	
Liabilities	<b>17</b> Accounts payable and accrued expenses. . . . .	3,307,644.	<b>17</b>	7,275,865.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	461,809.	<b>25</b>	350,265.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	3,769,453.	<b>26</b>	7,626,130.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	41,853,724.	<b>27</b>	49,483,094.
	<b>28</b> Net assets with donor restrictions. . . . .	20,513,282.	<b>28</b>	31,277,831.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> . . . . .	62,367,006.	<b>32</b>	80,760,925.	
<b>33</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	66,136,459.	<b>33</b>	88,387,055.	

**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	63,268,204
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,353,333
3	Revenue less expenses. Subtract line 2 from line 1	3	21,914,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,367,006
5	Net unrealized gains (losses) on investments	5	-3,520,952
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	80,760,925

**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 Single Audit Act and OMB Circular A-133? . . . . .
- 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		

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization <b>THE CENTER FOR REPRODUCTIVE RIGHTS INC</b>	Employer identification number <b>13-3669731</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021

JSA  
1E1210 1.000

5663NV 702V

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	32,867,477.	33,284,282.	29,380,342.	55,354,503.	61,017,680.	211,704,284.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3 . . . . .	32,867,477.	33,284,282.	29,380,342.	55,354,503.	61,017,680.	211,704,284.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						34,358,297.
<b>6 Public support.</b> Subtract line 5 from line 4						177,346,187.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	32,867,477.	33,284,282.	29,380,342.	55,354,503.	61,017,680.	211,704,284.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	378,829.	408,120.	334,775.	431,780.	634,430.	2,187,941.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .		536,757.	1,857,500.	NONE	NONE	2,454,257.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	897,496.	720,344.	461,251.	13,656.	1,852,830.	3,945,577.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						220,292,059.

**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 . . . . .

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	80.51 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	77.45 %

- 16a 33 1/3% support test - 2021.** 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. . . . .
- b 33 1/3% support test - 2020.** 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 . . . . .
- 17a 10%-facts-and-circumstances test - 2021.** 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. . . . .
- b 10%-facts-and-circumstances test - 2020.** 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. . . . .
- 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 . . . . .



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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	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? If "No," describe in <b>Part VI</b> 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	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 <b>line 2</b> below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> 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? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	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? If "Yes" or "No," provide details in <b>Part VI</b> .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 . . . . .		
b	From 2017 . . . . .		
c	From 2018 . . . . .		
d	From 2019 . . . . .		
e	From 2020 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017 . . . .		
b	Excess from 2018 . . . .		
c	Excess from 2019 . . . .		
d	Excess from 2020 . . . .		
e	Excess from 2021 . . . .		

**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 - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
ATTORNEY AWARD FEES	856,566.	700,159.	402,412.	NONE	1,830,987.	3,790,124.
OTHER INCOME	27,680.	20,195.	59,839.	13,656.	21,843.	142,203.
HONORARIUMS	13,250.	NONE	NONE	NONE	NONE	13,250.
<b>TOTALS</b>	<b>897,496.</b>	<b>720,354.</b>	<b>462,251.</b>	<b>13,656.</b>	<b>1,852,830.</b>	<b>3,946,577.</b>

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021

Table with 2 columns: Name of the organization, Employer identification number. Row 1: THE CENTER FOR REPRODUCTIVE RIGHTS INC, 13-3669731

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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

**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	N/A	\$ 5,625,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 5,437,715.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 2,502,215.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 1,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 1,500,000.	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.)

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
4	STOCK	\$ 2,502,215.	02/23/2022
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization <b>THE CENTER FOR REPRODUCTIVE RIGHTS INC</b>	Employer identification number <b>13-3669731</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
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

**2021**

**Open to Public Inspection**

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

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

**A Check**  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B Check**  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		107,978.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		767,084.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		875,062.	
<b>d</b> Other exempt purpose expenditures . . . . .		33,760,161.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		34,635,223.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	267,385.	148,000.	436,531.	875,062.	1,726,978.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	154,656.	88,000.	79,396.	107,978.	430,030.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for purposes like land preservation, habitat protection, and open space, and a table for tracking easements held at the end of the tax year.

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.

Form with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including fields for revenue and asset values.

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

Schedule D (Form 990) 2021

**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 . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .  Yes  No

**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 . . . . .	1,794,159.	1,457,629.	1,563,643.	1,622,705.	1,602,540.
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .	-240,291.	423,346.	-16,265.	27,937.	107,409.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	85,594.	81,400.	82,472.	81,419.	79,894.
f Administrative expenses . . . . .	15.	5,616.	7,277.	5,581.	7,350.
g End of year balance . . . . .	1,468,259.	1,794,159.	1,457,629.	1,563,643.	1,622,705.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  68.3900 %
- c Term endowment  31.6100 %

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:

- (i) Unrelated organizations . . . . .
- (ii) Related organizations . . . . .

	Yes	No
3a(i)	<input type="checkbox"/>	X
3a(ii)	<input type="checkbox"/>	X
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .  Yes  No

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 . . . . .		826,106.	501,262.	324,844.
d Equipment . . . . .		580,352.	480,739.	99,613.
e Other . . . . .		1,306,500.	1,208,634.	97,866.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				522,323.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**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) DEFERRED RENT PAYABLE	350,265.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	

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 . . . . .			<b>1</b>	91,178,572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-3,520,952.		
b	Donated services and use of facilities . . . . .	<b>2b</b>	31,431,335.		
c	Recoveries of prior year grants . . . . .	<b>2c</b>			
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b>			
e	Add lines 2a through 2d . . . . .			<b>2e</b>	27,910,383.
3	Subtract line 2e from line 1 . . . . .			<b>3</b>	63,268,189.
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 . . . . .	<b>4a</b>	15.		
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b>			
c	Add lines 4a and 4b . . . . .			<b>4c</b>	15.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b>	63,268,204.

**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 . . . . .			<b>1</b>	72,784,653.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities . . . . .	<b>2a</b>	31,431,335.		
b	Prior year adjustments . . . . .	<b>2b</b>			
c	Other losses . . . . .	<b>2c</b>			
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b>			
e	Add lines 2a through 2d . . . . .			<b>2e</b>	31,431,335.
3	Subtract line 2e from line 1 . . . . .			<b>3</b>	41,353,318.
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 . . . . .	<b>4a</b>	15.		
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b>			
c	Add lines 4a and 4b . . . . .			<b>4c</b>	15.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b>	41,353,333.

**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.

SEE SUPPLEMENTAL PAGE

**Part XIII Supplemental Information (continued)**

SCHEDULE D, PART V, LINE 4:

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

SCHEDULE D, PART X, LINE 2:

THE ORGANIZATION HAS NOT TAKEN AN UNSUBSTANTIATED TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER ASC 740. UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX LIABILITIES ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2022. THE CENTER HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2022, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

THE CENTER FOR REPRODUCTIVE RIGHTS INC

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
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	ADVOCACY & LITIGATION	48,529.
(2) EAST ASIA AND THE PACIFIC	NONE	1	PROGRAM SERVICES	ADVOCACY & LITIGATION	70,945.
(3) EUROPE	1	14	PROGRAM SERVICES	ADVOCACY & LITIGATION	2,963,137.
(4) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	ADVOCACY & LITIGATION	14,153.
(5) SOUTH AMERICA	1	14	PROGRAM SERVICES	ADVOCACY & LITIGATION	922,919.
(6) SOUTH ASIA	NONE	5	PROGRAM SERVICES	ADVOCACY & LITIGATION	249,206.
(7) SUB-SAHARAN AFRICA	1	23	PROGRAM SERVICES	ADVOCACY & LITIGATION	2,031,827.
(8) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	47,472.
(9) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	1,000.
(10) EUROPE	NONE	NONE	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	69,122.
(11) RUSSIA/INDEPENDENT STATES	NONE	NONE	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	9,000.
(12) SOUTH AMERICA	NONE	NONE	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	70,583.
(13) SOUTH ASIA	NONE	NONE	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	51,626.
(14) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING	PROMOTE RIGHTS&JUSTICE	301,853.
(15)					
(16)					
(17)					
<b>3a Subtotal</b> . . . . .	3	57.			6,849,242.
<b>b Total from continuation sheets to Part I</b> . . . . .					
<b>c Totals (add lines 3a and 3b)</b>	3.	57.			6,849,242.

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

Schedule F (Form 990) 2021

JSA  
1E1274 1.000

5663NV 702V

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	PROMOTE RIGH TS & JUSTICE	28,500.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	PROMOTE RIGH TS & JUSTICE	12,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PROMOTE RIGH TS & JUSTICE	35,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PROMOTE RIGH TS & JUSTICE	5,414.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PROMOTE RIGH TS & JUSTICE	28,708.	WIRE			
(6)			RUSSIA/NEWLY IND. STATES	PROMOTE RIGH TS & JUSTICE	7,600.	WIRE			
(7)			SOUTH AMERICA	PROMOTE RIGH TS & JUSTICE	7,600.	WIRE			
(8)			SOUTH AMERICA	PROMOTE RIGH TS & JUSTICE	31,360.	WIRE			
(9)			SOUTH AMERICA	PROMOTE RIGH TS & JUSTICE	10,000.	WIRE			
(10)			SOUTH AMERICA	PROMOTE RIGH TS & JUSTICE	10,000.	WIRE			
(11)			SOUTH ASIA	PROMOTE RIGH TS & JUSTICE	24,432.	WIRE			
(12)			SOUTH ASIA	PROMOTE RIGH TS & JUSTICE	10,622.	WIRE			
(13)			SOUTH ASIA	PROMOTE RIGH TS & JUSTICE	5,858.	WIRE			
(14)			SOUTH ASIA	PROMOTE RIGH TS & JUSTICE	5,040.	WIRE			
(15)			SUB-SAHARAN AFRICA	PROMOTE RIGH TS & JUSTICE	39,000.	WIRE			
(16)			SUB-SAHARAN AFRICA	PROMOTE RIGH TS & JUSTICE	10,035.	WIRE			

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 . . . 23

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

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	PROMOTE RIGI TS & JUSTICE	45,215.	WIRE			
(2)			SUB-SAHARAN AFRICA	PROMOTE WOMEN & JUSTICE	135,734.	WIRE			
(3)			SUB-SAHARAN AFRICA	PROMOTE WOMEN & JUSTICE	9,867.	WIRE			
(4)			SUB-SAHARAN AFRICA	PROMOTE WOMEN & JUSTICE	10,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	PROMOTE WOMEN & JUSTICE	15,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	PROMOTE WOMEN & JUSTICE	10,000.	WIRE			
(7)			SUB-SAHARAN AFRICA	PROMOTE WOMEN & JUSTICE	20,000.	WIRE			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 . . . ▶▶

3 Enter total number of other organizations or entities . . . . . ▶▶

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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



**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).

SCHEDULE F, PART I, LINE 2:

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

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

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

Name of the organization

Employer identification number

THE CENTER FOR REPRODUCTIVE RIGHTS INC

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 non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a 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			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				9,546,189.	262,210.	9,283,979.

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.

AL, AK, AR, 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	
		GALA EVENT (event type)	SF EVENT (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	2,557,240.	1,048,718.	629,230.	4,235,188.
	2	Less: Contributions	2,557,240.	932,968.	629,230.	4,119,438.
	3	Gross income (line 1 minus line 2)		115,750.		115,750.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	16,483.			16,483.
	7	Food and beverages	432.	67,005.	26.	67,463.
	8	Entertainment	8.	4,045.		4,053.
	9	Other direct expenses	124,585.	41,761.	20,279.	186,625.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				274,624.
11	Net income summary. Subtract line 10 from line 3, column (d)				-158,874.	

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

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

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

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

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

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

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation 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).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

AB DATA

ACTIVITY :

DIRECT MAIL CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 8,533,531.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 168,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 8,365,531.

NAME:

MERREN TECHNOLOGIES

ACTIVITY :

FUNDRAISING CONSULTANT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 1,002,725.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 83,338.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 919,387.

NAME:

SIGNIA, LTD

ACTIVITY :

TELEMARKET

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 9,933.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 10,872.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : -939.

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ANCIENT SONG DOULA SERVICES 521 BAILEY STREET BROOKLYN, NY 11233	59-3479821	501(C)(3)	64,907.				PROMOTE WOMEN RIGHTS & JUSTICE
(2) CARE, INC. 13 HILLS STREET ATLANTA, GA 30303	13-1685039	501(C)(3)	53,406.				PROMOTE WOMEN RIGHTS & JUSTICE
(3) CHANGING WOMAN INITIATIVE 460 SAINT MICHAELS DR SANTA FE, NM 87505	81-1078799	501(C)(3)	64,907.				PROMOTE WOMEN RIGHTS & JUSTICE
(4) ACCESS REPRODUCTIVE CARE SOUTHEAST P.O. BOX 570132 ATLANTA, GA 30357	47-3813101	501(C)(3)	50,000.				PROMOTE REPRODUCTIVE RIGHTS FOR WOMEN
(5) COLORADO ORG. FOR WAF:INA OPP.&REPRODUCTIVE P.O. BOX 40991 DENVER, CO 80204	84-1569021	501(C)(3)	50,000.				PROMOTE REPRODUCTIVE RIGHTS FOR WOMEN
(6) KANSAS FOR CONSTITUTIONAL FREEDOM 4401 W. 109TH ST OVERLAND PARK, KS 66211	87-1224421	501(C)(4)	100,000.				RESEARCH FOR CONSTITUT AMEREMENT
(7) THE ALIYA CENTER 7220 S WESTMORELAND RD DALLAS, TX 75237	36-4625704	501(C)(3)	50,000.				PROMOTE REPRODUCTIVE RIGHTS FOR WOMEN
(8) REPRODUCTIVE FREEDOM FOR ALL 2966 WOODWARD AVE DETROIT, MI 48201	87-4298762	501(C)(3)	50,000.				2022 BALLOT INITIAT. FOR MICHIGAN CONST.
(9) NEO PHILANTHROPHY 45 WEST 36TH STREET NEW YORK, NY 10018	13-3191113	501(C)(3)	50,000.				GENERAL OPERATIONS - REPRODUCTIVE RIGHTS
(10) AMERICAN CIVIL LIBERTIES UNION FDN OF KANSAS 6701 W. 64TH STREET OVERLAND PARK, KS 66207	43-0976406	501(C)(3)	75,000.				BALLOT COMMITTEE OPP CONSTIT. AMENDMENT
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9
- 3** Enter total number of other organizations listed in the line 1 table 1

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

Schedule I (Form 990) 2021

**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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2:

GRANTS WERE PAID TO NON-PROFIT 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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**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
<b>1a</b>	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>b</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 . . . . .	<b>1b</b>	
<b>2</b>	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? . . . . .	<b>2</b>	
<b>3</b>	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 checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	X
<b>b</b>	Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	X
<b>c</b>	Participate in or receive payment from an equity-based compensation arrangement? . . . . .	<b>4c</b>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	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:		
<b>a</b>	The organization? . . . . .	<b>5a</b>	X
<b>b</b>	Any related organization? . . . . .	<b>5b</b>	X
	If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b>	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:		
<b>a</b>	The organization? . . . . .	<b>6a</b>	X
<b>b</b>	Any related organization? . . . . .	<b>6b</b>	X
	If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b>	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. . . . .	<b>7</b>	X
<b>8</b>	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 . . . . .	<b>8</b>	X
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

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

Schedule J (Form 990) 2021



**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				
NANCY NORTHUP	479,047.	NONE	3,564.	36,642.	31,303.	550,556.	NONE
1 PRESIDENT AND CEO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHELLE DEES	325,294.	NONE	1,104.	24,937.	34,718.	386,053.	NONE
2 CHIEF STRATEGY & OPER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREW SOMMER	307,454.	NONE	8,805.	17,786.	34,653.	368,698.	NONE
3 GENERAL COUNSEL	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANTONY MUSYOKA (THRU 1	283,197.	NONE	1,482.	21,750.	34,718.	341,147.	NONE
4 CHIEF HUMAN RESOURCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LOURDES RIVERA	243,445.	NONE	2,354.	19,031.	34,718.	299,548.	NONE
5 SENIOR VP, US PROGRAM	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JILL BERGER	236,846.	NONE	755.	17,744.	13,304.	268,649.	NONE
6 SENIOR DIRECTOR, DEVE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VIVIAN SIU (THRU 03/25	234,924.	NONE	505.	17,708.	3,252.	256,389.	NONE
7 CHIEF MARKETING AND C	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALAN RING	213,121.	NONE	1,962.	16,226.	13,351.	244,660.	NONE
8 SR. DIRECTOR, GRANT A	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ILEANA FUTTER	212,840.	NONE	1,989.	16,484.	20,660.	251,973.	NONE
9 SENIOR DIRECTOR, MAJO	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SANDRA KEENAN	210,481.	NONE	2,930.	15,885.	13,880.	243,176.	NONE
10 SR. DIRECTOR, COMM&M	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LAUREN ELFANT	209,599.	NONE	438.	15,682.	3,780.	229,499.	NONE
11 DEPUTY DIRECTOR, US P	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANNE MATSUI (THRU 08/1	185,356.	NONE	8,462.	14,182.	16,111.	224,111.	NONE
12 CHIEF DEVELOPMENT OFF	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TRAVIS TU	171,875.	NONE	542.	13,245.	24,134.	209,796.	NONE
13 ASSOCIATE GENERAL COU	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14							
15							
16							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**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	33	5,257,838.	FMV
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other. . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy. . . . .				
22 Historical artifacts. . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>VIR. CURRENCY</u> ) . . . . .	X	1	170,721.	FMV
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 NONE

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

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

Schedule M (Form 990) 2021

**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 CONTRIBUTIONS IN PART I,  
COLUMN (B) .

SCH 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. IN ADDITION, THE CENTER USES  
FIDELITY TO PROCESS STOCK DONATIONS RECEIVED THROUGH THE FIDELITY  
ACCOUNT.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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**2021**

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Internal Revenue Service

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Name of the organization

THE CENTER FOR REPRODUCTIVE RIGHTS INC

Employer identification number

13-3669731

**FORM 990, PART III, LINE 1:**

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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▶ Attach to Form 990 or 990-EZ.

**2021**

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Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

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:**

RECENT U.S. ACCOMPLISHMENTS OVER THE LAST YEAR INCLUDE:

WE DEFENDED ABORTION RIGHTS BEFORE THE U.S. SUPREME COURT IN TWO CASES IN  
2021. IN DOBBS V. JACKSON WOMEN'S HEALTH ORGANIZATION, CHALLENGING  
MISSISSIPPI'S 15-WEEK BAN, WE BROUGHT THE STRONGEST POSSIBLE CASE,  
INCLUDING SECURING OVER 50 "FRIEND OF THE COURT" OR AMICUS BRIEFS FILED  
IN SUPPORT OF OUR ARGUMENTS. IN WHOLE WOMAN'S HEALTH V. JACKSON,  
CHALLENGING TEXAS'S 6 WEEK ABORTION BAN, WE FILED OUR OPENING BRIEF,  
SECURED 12 AMICUS BRIEFS, AND DELIVERED A POWERFUL ORAL ARGUMENT IN 10  
DAYS, AN EXTREMELY CONDENSED SCHEDULE. WE COORDINATED CLOSELY WITH  
PARTNERS AROUND BOTH CASES AND PREPARED FOR ALL OUTCOMES, INCLUDING THE  
LOSSES THAT OCCURRED, SO WE WERE READY TO RESPOND IMMEDIATELY TO PROTECT  
ABORTION RIGHTS AND ACCESS.

WE LITIGATED MORE THAN TWO DOZEN CASES TO DEFEND AGAINST RESTRICTIONS ON  
REPRODUCTIVE RIGHTS AND ACCESS TO CARE ACROSS THE STATES, INCLUDING  
WORKING AROUND THE CLOCK TO CHALLENGE ABORTION BANS IN THE WAKE OF THE  
SUPREME COURT'S DECISION TO OVERTURN ROE V. WADE.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

**2021**

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Name of the organization

Employer identification number

WITH COALITION PARTNERS, WE SUPPORTED HISTORIC CONGRESSIONAL VOTES ON THE WOMEN'S HEALTH PROTECTION ACT (WHPA)—THE FIRST EVER VOTES HELD BY U.S. CONGRESS ON PROACTIVE LEGISLATION TO ENSHRINE ABORTION RIGHTS IN FEDERAL LAW. THE BILL TWICE PASSED IN THE U.S. HOUSE OF REPRESENTATIVES. THOUGH WHPA TWICE FAILED TO OVERCOME THE FILIBUSTER IN THE SENATE, THE BILL SECURED 49 VOTES IN SUPPORT, A HIGH-WATER MARK.

THROUGH LEGAL ADVOCACY AND TECHNICAL ASSISTANCE, WE SUPPORTED STATE PARTNERS TO SECURE PASSAGE OF PROACTIVE LEGISLATION TO EXPAND ACCESS TO REPRODUCTIVE HEALTH CARE, INCLUDING TO MATERNAL HEALTH CARE, ASSISTED REPRODUCTION, ABORTION CARE, AND OTHER SERVICES.

WE DEVELOPED AND SHARED KEY RESOURCES ON REPRODUCTIVE RIGHTS LAW AND POLICY TO SUPPORT OUR WORK AND TO BUILD CAPACITY OF OUR PARTNERS AND ALLIES. THIS INCLUDED OUR INTERACTIVE ONLINE MAP, "AFTER ROE FELL: ABORTION LAWS BY STATE," WHICH TRACKS THE LEGAL STATUS OF ABORTION IN EACH STATE IN REAL TIME; AND A LEGAL ANALYSIS REPORT ON THE 14TH AMENDMENT OF THE U.S. CONSTITUTION, WHICH OUTLINES OUR POSITIVE VISION FOR RECLAIMING AND REBUILDING THE RIGHT TO REPRODUCTIVE AUTONOMY IN THE U.S.

**FORM 990, PART III, LINE 4B:**

RECENT NON-U.S. ACCOMPLISHMENTS OVER THE LAST YEAR INCLUDE:

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
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**2021**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

IN A LANDMARK RULING, THE INTER-AMERICAN COURT OF HUMAN RIGHTS ESTABLISHED STANDARDS THROUGHOUT LATIN AMERICA AND THE CARIBBEAN TO HELP PROTECT WOMEN SEEKING REPRODUCTIVE HEALTH CARE, INCLUDING ABORTION. THE RULING CAME IN OUR CASE, MANUELA V. EL SALVADOR, FILED ON BEHALF OF OUR CLIENT, MANUELA, WHO WAS UNJUSTLY SENTENCED TO 30 YEARS IN PRISON UNDER EL SALVADOR'S TOTAL ABORTION BAN AFTER EXPERIENCING AN OBSTETRIC EMERGENCY. UNDER THE DECISION, WHICH WE SECURED AFTER NINE YEARS OF LITIGATION, HEALTH CARE STAFF CAN NO LONGER REFER WOMEN TO LAW ENFORCEMENT WHO COME TO THE HOSPITAL SEEKING ABORTION CARE AND OTHER REPRODUCTIVE HEALTH SERVICES.

IN COLOMBIA, WE HELPED SECURE A RULING FROM THE CONSTITUTIONAL COURT OF COLOMBIA TO DECRIMINALIZE ABORTION UP TO 24 WEEKS GESTATION, A MOVE EXPECTED TO HAVE FAR-REACHING IMPACTS ON THE EXERCISE OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE COUNTRY.

IN KENYA, WE SECURED A SIGNIFICANT RULING FROM THE HIGH COURT OF KENYA IN MALINDI WHICH STRONGLY AFFIRMED THAT ABORTION CARE IS A FUNDAMENTAL RIGHT UNDER THE CONSTITUTION OF KENYA AND THAT ARBITRARY ARRESTS AND PROSECUTION OF PATIENTS AND HEALTH CARE PROVIDERS FOR SEEKING OR OFFERING SUCH SERVICES IS ILLEGAL. THE COURT ALSO DIRECTED THE KENYAN PARLIAMENT TO ENACT AN ABORTION LAW AND PUBLIC POLICY FRAMEWORK THAT ALIGNS WITH THE CONSTITUTION.

THANKS TO PUBLIC INTEREST LITIGATION CONCEPTUALIZED BY THE CENTER FOR

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**2021**

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Inspection**

Employer identification number

REPRODUCTIVE RIGHTS' SOUTH ASIA REPRODUCTIVE JUSTICE AND ACCOUNTABILITY INITIATIVE (SARJAI), WOMEN IN THE SINDH PROVINCE OF PAKISTAN NOW HAVE ACCESS TO OBSTETRIC FISTULA REPAIR SERVICES IN GOVERNMENT HOSPITALS. THE SINDH HIGH COURT ISSUED ITS FINAL COURT ORDER IN THE PETITION ON OBSTETRIC FISTULA AFTER THE GOVERNMENT OF SINDH REPORTED THAT IT HAD MADE SIGNIFICANT PROGRESS STAFFING GOVERNMENT HOSPITALS WITH GYNECOLOGISTS AND ESTABLISHING FISTULA REPAIR CENTERS THAT PROVIDE FISTULA REPAIR SURGERIES FREE OF COST.

IN RESPONSE TO THE WAR IN UKRAINE, WE LAUNCHED A NEW JOINT INITIATIVE IN PARTNERSHIP WITH NATIONAL CIVIL SOCIETY ORGANIZATIONS (CSOS) IN POLAND, HUNGARY, ROMANIA, MOLDOVA, AND SLOVAKIA TO RESPOND TO THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) NEEDS OF UKRAINIAN REFUGEES. AS PART OF THIS WORK, WE SECURED A ROBUST EUROPEAN PARLIAMENT RESOLUTION ON THE IMPACT OF THE WAR AGAINST UKRAINE ON WOMEN THAT ADDRESSED KEY SRHR CONCERNS.

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

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

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



**SCHEDULE O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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**2021**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

Employer identification number

THE SCOPE OF THE COMMITTEE'S AUTHORITY: ACT ON BEHALF OF THE BOARD WHEN ACTION IS NEEDED BUT A FULL BOARD MEETING IS NOT POSSIBLE OR NECESSARY. ALL ACTIONS OF THIS TYPE MUST BE PRESENTED FOR RATIFICATION AT THE NEXT FULL BOARD MEETING. THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO AMEND THE ARTICLES OF THE INCORPORATION OR THE BYLAWS. PLAN, WITH THE PRESIDENT, THE ANNUAL REVIEW OF THE STRATEGIC PLAN BY THE BOARD. EVALUATE THE PERFORMANCE OF THE PRESIDENT ANNUALLY. PERFORM OTHER DUTIES AS DELEGATED BY THE BOARD.

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

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

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

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

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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**2021**

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Name of the organization

Employer identification number

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

THE FORM 990 WAS COMPILED BY OUTSIDE ACCOUNTANTS BASED ON SUPPORTING SCHEDULES PREPARED BY THE CENTER'S ACCOUNTING DEPARTMENT. THE DRAFT 990 IS REVIEWED BY THE ACCOUNTING TEAM, EXECUTIVE TEAM AND IS CIRCULATED TO THE BOARD IN PDF VERSION FOR REVIEW PRIOR TO FILING.

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

AT THE BEGINNING OF EACH FISCAL YEAR, THE CENTER'S BOARD MEMBERS AND STAFF COMPLETE CONFLICT-OF-INTEREST FORMS TO DISCLOSE IF THEY OR THEIR IMMEDIATE FAMILY HAVE INTERESTS OR OTHER EMPLOYMENT WHICH WOULD ALLOW THEM TO BENEFIT FINANCIALLY OR RESULT IN SOME TYPE OF PERSONAL GAIN, DUE TO THE INFLUENCE THEY MAY HAVE ON DECISIONS MADE. FOR THE BOARD OF DIRECTORS, THE DISCLOSURE FORMS GO DIRECTLY TO THE GENERAL COUNSEL FOR REVIEW AND FOR STAFF MEMBERS THE DISCLOSURE FORMS GO TO THE SENIOR DIRECTOR OF HUMAN RESOURCES FOR REVIEW AND, IF A CONFLICT IS IDENTIFIED, THE GENERAL COUNSEL WILL BE NOTIFIED AND WILL DISCUSS THE CONFLICT WITH THE APPROPRIATE PARTIES AND WILL TAKE FURTHER ACTION IF NECESSARY.

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

THE CENTER CONDUCTS A COMPENSATION AND BENEFITS ANALYSIS EVERY THREE YEARS TO DETERMINE IF THE CENTER'S COMPENSATION, LEAVE AND BENEFIT PROGRAMS ARE COMPETITIVE WITH COMPARABLE ORGANIZATIONS. THE CENTER UNDERTOOK A WHOLISTIC COMPENSATION AND BENEFITS ANALYSIS IN 2017, IN WHICH THE CENTER ANALYZED SALARY AND BENEFITS INFORMATION PROVIDED BY 17 COMPARABLE COMPANIES AND DATA FROM PUBLISHED SURVEYS FOR NON-PROFIT

**SCHEDULE O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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**2021**

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Name of the organization

Employer identification number

ORGANIZATIONS. THE CENTER ALSO SOLICITED FEEDBACK FROM STAFF REGARDING THE CENTER'S COMPENSATION AND BENEFIT PROGRAMS THROUGH AN IN-HOUSE CUSTOM SURVEY. SALARIES AND BENEFITS OF STAFF POSITIONS THAT WERE FOUND TO BE BELOW THAT OF COMPARABLE COMPANIES WERE ADJUSTED ACCORDINGLY. IN OCTOBER 2019 THE CENTER ANALYZED SALARY BENCHMARK DATA DRAWN FROM PAYSACLE ON-DEMAND AND THE HUMENTUM INGO ANNUAL SURVEYS FOR US-BASED STAFF IN THE FIRST THREE LEVELS OF THE ORGANIZATION AND CREATED A CAREER LATTICE AND SALARY LEVELS FOR THE SAME, WITH ALL STAFF IN THE CATEGORY MAPPED TO THE RIGHT LEVEL. IN NOVEMBER 2019, THE CENTER ANALYZED SALARY BENCHMARKS PAYSACLE ON-DEMAND DATA FOR US-BASED ATTORNEYS AND CREATED A US ATTORNEY CAREER LADDER AND SALARY LEVEL, WITH ALL ATTORNEYS MAPPED TO FIT THE SALARY LEVELS. IN MAY 2020, THE CENTER ANALYZED SALARY BENCHMARK DATA FROM THE BIRCHES GROUP INGO SURVEYS FOR SWITZERLAND, COLUMBIA & KENYA FOR ALL GLOBAL STAFF AND ADJUSTED SALARIES FOR POSITIONS THAT WERE FOUND TO BE BELOW BENCHMARK. IN JUNE 2021 THE CENTER RE-BENCHMARKED AND MADE NECESSARY ADJUSTMENTS TO THE SALARIES OF EMPLOYEES AT LEVEL 1 TO MANAGER. IN JULY 2022 FINALIZED THE ROLL-OUT OF A CAREER LATTICE FOR ALL MANAGER AND ABOVE ROLES ACROSS THE ORGANIZATION. THIS EXERCISE ALLOWED THE CENTER TO MAP JOBS AT THESE LEVELS CORRECTLY. THE CENTER IN JULY 2022 IS ALSO BENCHMARKED THE POSITIONS TO THE BIRCHES GROUP, NGO COMPENSATION SURVEYS FOR USA, SWITZERLAND, COLOMBIA, AND KENYA TO ENSURE ALL ROLES ARE PAID AT THE 50TH PERCENTILE POINT OF THE PROXY MARKET DATA AND EQUITABLY COMPENSATED IN COMPARISON TO SIMILAR ROLES INTERNALLY.

IN ADDITION, THE CENTER CONDUCTS AN ANNUAL PERFORMANCE EVALUATION FOR ITS

**SCHEDULE O  
(Form 990 or 990-EZ)**

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Name of the organization

Employer identification number

MANAGEMENT AND THE REST OF ITS STAFF. THIS YEAR WE DECIDED TO UNLINK PERFORMANCE WITH MERIT INCREASES WHICH PREVENTS MITIGATING MANAGERIAL BIAS AND INSTEAD IMPLEMENTED A FLAT INCREASE APPROACH ACROSS THE CENTER. ANNUALLY, THE CENTER DISCLOSES TO ITS EXECUTIVE COMMITTEE THE COMPENSATION AND BENEFITS OF MEMBERS OF SENIOR MANAGEMENT. ANNUALLY, THE BOARD OF DIRECTORS ALSO REVIEW THE PERFORMANCE OF THE INDIVIDUAL WHO IS SERVING AS BOTH THE CENTER'S PRESIDENT AND CEO. IT DELEGATES THE DECISION OF COMPENSATION OF THE INDIVIDUAL WHO IS SERVING AS BOTH PRESIDENT AND CEO BASED ON PERFORMANCE TO THE EXECUTIVE COMMITTEE OF THE BOARD. AFTER DELIBERATION WITH THE EXECUTIVE COMMITTEE, THE CHAIRMAN OF THE BOARD MEETS WITH THE PRESIDENT AND CEO TO PRESENT ANY FEEDBACK AS WELL AS THE DECISION REGARDING ANY CHANGE IN COMPENSATION. THE CHAIRMAN THEN DOCUMENTS THE DECISION IN AN EMAIL TO THE CHIEF STRATEGY AND OPERATIONS OFFICER.

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

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS. IN ADDITION, THE CENTER'S FINANCIAL STATEMENTS ARE PART OF ITS ANNUAL REPORT WHICH IS AVAILABLE ONLINE IN THE CENTER'S WEBSITE.

**FROM 990, PART XII, LINE 2C:**

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Name of the organization

Employer identification number

THE CENTER FOR REPRODUCTIVE RIGHTS INC

13-3669731

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

=====  
KENYA  
COLOMBIA  
SWITZERLAND

Name of the organization

Employer identification number

THE CENTER FOR REPRODUCTIVE RIGHTS INC

13-3669731

FORM 990, PART VI, LINE 17 - STATES

=====  
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,

Name of the organization

Employer identification number

THE CENTER FOR REPRODUCTIVE RIGHTS INC

13-3669731

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AB DATA 600 A.B. DATA DRIVE MILWAUKEE, WI 53217	DIR. MRKT CONSULTING	541,244.
FGS HOLDINGS, LLC 909 THIRD AVENUE, 32ND FLOOR NEW YORK, NY 10022	PUBLIC RELATIONS	395,012.
SEQUENCE EVENTS, LLC 108 W. 39TH STREET, SUITE 604 NEW YORK, NY 10018	EVENT CONSULTANT	307,796.
BLUE STATE DIGITAL, INC. 41 FLATBUSH AVENUE BROOKLYN, NY 11217	MEDIA CONSULTANT	303,334.
NONPROFIT HR SOLUTIONS, LLC 1441 L. STREET NW, SUITE 620 WASHINGTON, DC 20005	HR CONSULTING	278,309.

Name of the organization

THE CENTER FOR REPRODUCTIVE RIGHTS INC

Employer identification number

13-3669731

## FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
RECRUITMENT & TEMP AGENCY	923,359.	602,775.	260,940.	59,644.
CONSULTING FEES	3,101,028.	2,024,373.	876,345.	200,310.
PAYROLL PROCESSING FEES	234,361.	152,992.	66,230.	15,139.
PHOTOGRAPHY FEES	68,655.	44,818.	19,402.	4,435.
TRANSLATOR/INTERPRETER FE	25,394.	16,577.	7,176.	1,641.
TOTALS	----- 4,352,797. =====	----- 2,841,535. =====	----- 1,230,093. =====	----- 281,169. =====



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE CENTER FOR REPRODUCTIVE RIGHTS, INC

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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
(1) CRR AFRICA REGIONAL OFFICE LIMITED PO BOX 48136-00100, KINDARUMA NAIROBI, KE 98-1650530	PROGRAM RELAT	KE	NONE	NONE	CRR
(2) CRR-ARO HOLDINGS LLC 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808	HOLDING LLC	DE	NONE	NONE	CRR
(3)					
(4)					
(5)					
(6)					

**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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

**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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Includes rows (1) through (6).

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

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

(Rev. September 2021)

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

Department of the Treasury  
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 07/01/2021, and ending 06/30/2022

Attachment Sequence No. **140**

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

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

199 WATER STREET, 22ND FLOOR

City or town, state, and ZIP code

NEW YORK NY 10038

Filer's tax year beginning 07/01/2021, and ending 06/30/2022

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

Check here	<input checked="" type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/>	FDE of a controlled foreign partnership
		FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here Initial 8858 Final 8858

**1a** Name and address of FDE or FB CRR AFRICA REGIONAL OFFICE LIMITED **b(1)** U.S. identifying number, if any 98-1650530  
4TH FL PINETREE, PO BOX 48136-00100, KINDARUMA RD  
NAIROBI **b(2)** Reference ID number (see instructions)  
KENYA

**c** For FDE, country(ies) under whose laws organized and entity type under local tax law KENYA, LIMITED LIABILITY COMPANY **d** Date(s) of organization 05/06/2021 **e** Effective date as FDE 05/06/2021

**f** If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number **g** Country in which principal business activity is conducted KENYA **h** Principal business activity PROGRAM REL **i** Functional currency KES

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

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

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

**a** Name and address **b** Annual accounting period covered by the return (see instructions)

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

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

**d** Country under whose laws organized **e** Functional currency

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

**a** Name and address **b** Country under whose laws organized

**c** U.S. identifying number, if any **d** Functional currency

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

SEE STATEMENT 1

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

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

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

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

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

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

**Schedule F Balance Sheet**

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

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1		
2 Other assets	2		
3 Total assets	3		
Liabilities and Owner's Equity			
4 Liabilities	4		
5 Owner's equity	5		
6 Total liabilities and owner's equity	6		

**Schedule G Other Information**

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

**Schedule G Other Information (continued)**

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

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

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

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

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

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

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

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

(a) Country or Possession	(b) Foreign Tax Year (YYYY-MM-DD)	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
		(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
KE	2022-06-30	NONE	0.0089	NONE			NONE	
<b>Totals</b>				NONE			NONE	



**SCHEDULE M  
(Form 8858)**

(Rev. September 2021)

Department of the Treasury  
Internal Revenue Service

**Transactions Between Foreign Disregarded Entity (FDE) or  
Foreign Branch (FB) and the Filer or Other Related Entities**

▶ **Attach to Form 8858.**

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

OMB No. 1545-1910

Name of person filing Form 8858 <b>THE CENTER FOR REPRODUCTIVE RIGHTS INC</b>		Identifying number <b>13-3669731</b>
Name of FDE or FB <b>CRR AFRICA REGIONAL OFFICE LIMIT</b>	U.S. identifying number, if any <b>98-1650530</b>	Reference ID number (see instructions)
Name of tax owner		U.S. identifying number, if any

**Important:** Complete a *separate* Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

**Column headings.** This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> <b>Controlled Foreign Partnership</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> <b>Controlled Foreign Corporation</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> <b>U.S. Tax Owner</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory . . . . .					
2 Sales of property rights . . . . .					
3 Compensation received for certain services . . . . .					
4 Commissions received . . . . .					
5 Rents, royalties, and license fees received . . . . .					
6 Dividends/Distributions received . . . . .					
7 Interest received . . . . .					
8 Loan guarantee fees received . . . . .					
9 Other . . . . .					
10 Add lines 1 through 9 . . . . .					
11 Purchases of inventory . . . . .					
12 Purchases of tangible property other than inventory . . . . .					
13 Purchases of property rights . . . . .					
14 Compensation paid for certain services . . . . .					
15 Commissions paid . . . . .					
16 Rents, royalties, and license fees paid . . . . .					
17 Interest paid . . . . .					
18 Loan guarantee fees paid . . . . .					
19 Add lines 11 through 18 . . . . .					
20 Amounts borrowed (see instructions) . . . . .					
21 Amounts loaned (see instructions) . . . . .					

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

(Rev. September 2021)

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

Department of the Treasury  
Internal Revenue Service

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

beginning 07/01/2021 , and ending 06/30/2022

Attachment  
Sequence No. **140**

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

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

199 WATER STREET, 22ND FLOOR

City or town, state, and ZIP code

NEW YORK NY 10038

Filer's tax year beginning 07/01/2021 , and ending 06/30/2022

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

Check here	<input type="checkbox"/> FDE of a U.S. person	<input type="checkbox"/> FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/> FDE of a controlled foreign partnership
	<input checked="" type="checkbox"/> FB of a U.S. person	<input type="checkbox"/> FB of a CFC	<input type="checkbox"/> FB of a controlled foreign partnership

Check here	<input type="checkbox"/> Initial 8858	<input type="checkbox"/> Final 8858
------------	---------------------------------------	-------------------------------------

**1a** Name and address of FDE or FB CRR (SWITZERLAND BRANCH) **b(1)** U.S. identifying number, if any

16 RUE DU MONT-BLANC

GENEVA 1201

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

CRRSWI

<b>c</b> For FDE, country(ies) under whose laws organized and entity type under local tax law	<b>d</b> Date(s) of organization	<b>e</b> Effective date as FDE
	<u>06/01/2014</u>	
<b>f</b> If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	<b>g</b> Country in which principal business activity is conducted	<b>h</b> Principal business activity
	<u>SWITZERLAND</u>	<u>PROGRAM REL</u>
		<b>i</b> Functional currency
		<u>CHF</u>

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

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

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

<b>a</b> Name and address	<b>b</b> Annual accounting period covered by the return (see instructions)
	<b>c(1)</b> U.S. identifying number, if any
	<b>c(2)</b> Reference ID number (see instructions)
	<b>d</b> Country under whose laws organized
	<b>e</b> Functional currency

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

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

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

SEE STATEMENT 2

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

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

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)		
2 Cost of goods sold		
3 Gross profit (subtract line 2 from line 1)		
4 Dividends		
5 Interest		
6 Gross rents, royalties, and license fees		
7 Gross income from performance of services		
8 Foreign currency gain (loss)		
9 Other income		
10 Total income (add lines 3 through 9)		
11 Total deductions (exclude income tax expense)	1,156,878.	1,886,044.
12 Income tax expense		
13 Other adjustments		
14 Net income (loss) per books	-1,156,878.	-1,886,044.

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

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

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

**Schedule F Balance Sheet**

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

	(a) Beginning of annual accounting period	(b) End of annual accounting period
<b>Assets</b>		
1 Cash and other current assets	109,828.	115,236.
2 Other assets	44,808.	35,282.
3 Total assets	154,636.	150,518.
<b>Liabilities and Owner's Equity</b>		
4 Liabilities	6,738,541.	8,353,451.
5 Owner's equity	-6,583,905.	-8,202,933.
6 Total liabilities and owner's equity	154,636.	150,518.

**Schedule G Other Information**

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

**Schedule G Other Information (continued)**

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

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

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

1	Current year net income (loss) per foreign books of account . . . . .	1	-1,756,879.
2	Total net additions . . . . .	2	
3	Total net subtractions . . . . .	3	32,995.
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . . . .	4	-1,723,884.
5	DASTM gain (loss) (if applicable) . . . . .	5	
6	Combine lines 4 and 5. . . . .	6	-1,723,884.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)). . . . .	7	-1,921,322.
8	Enter exchange rate used for line 7. . . . . ▶ 1.0735		

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

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

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

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

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
SZ	2022-06-30	NONE	1.0735	NONE	NONE			
<b>Totals</b>				NONE	NONE			

**SCHEDULE M  
(Form 8858)**

(Rev. September 2021)

Department of the Treasury  
Internal Revenue Service

**Transactions Between Foreign Disregarded Entity (FDE) or  
Foreign Branch (FB) and the Filer or Other Related Entities**

▶ Attach to Form 8858.

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

OMB No. 1545-1910

Name of person filing Form 8858 <b>THE CENTER FOR REPRODUCTIVE RIGHTS INC</b>		Identifying number <b>13-3669731</b>
Name of FDE or FB <b>CRR (SWITZERLAND BRANCH)</b>	U.S. identifying number, if any	Reference ID number (see instructions) <b>CRRSWI</b>
Name of tax owner		U.S. identifying number, if any

**Important:** Complete a *separate* Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

**Column headings.** This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> <b>Controlled Foreign Partnership</b> (a) Transactions of FDE or FB	<input type="checkbox"/> <b>Controlled Foreign Corporation</b> (a) Transactions of FDE or FB	<input checked="" type="checkbox"/> <b>U.S. Tax Owner</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
1	Sales of inventory . . . . .							
2	Sales of property rights . . . . .							
3	Compensation received for certain services . . . . .							
4	Commissions received . . . . .							
5	Rents, royalties, and license fees received . . . . .							
6	Dividends/Distributions received . . . . .							
7	Interest received . . . . .							
8	Loan guarantee fees received . . . . .							
9	Other . . . . .							
10	Add lines 1 through 9 . . . . .							
11	Purchases of inventory . . . . .							
12	Purchases of tangible property other than inventory . . . . .							
13	Purchases of property rights . . . . .							
14	Compensation paid for certain services . . . . .							
15	Commissions paid . . . . .							
16	Rents, royalties, and license fees paid . . . . .							
17	Interest paid . . . . .							
18	Loan guarantee fees paid . . . . .							
19	Add lines 11 through 18 . . . . .							
20	Amounts borrowed (see instructions) . . . . .							
21	Amounts loaned (see instructions) . . . . .							

Form **8858****Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

OMB No. 1545-1910

(Rev. September 2021)

▶ Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.Department of the Treasury  
Internal Revenue ServiceInformation furnished for the FDE's or FB's annual accounting period (see instructions)  
beginning 07/01/2021, and ending 06/30/2022Attachment  
Sequence No. **140**

Name of person filing this return

Filer's identifying number

THE CENTER FOR REPRODUCTIVE RIGHTS INC13-3669731

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

199 WATER STREET, 22ND FLOOR

City or town, state, and ZIP code

NEW YORKNY 10038

Filer's tax year beginning

07/01/2021and ending 06/30/2022**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here	<input type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/>	FDE of a controlled foreign partnership
	<input checked="" type="checkbox"/>	FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here

Initial 8858

Final 8858

**1a** Name and address of FDE or FB CRR (COLOMBIA BRANCH)**b(1)** U.S. identifying number, if anyBANCO GNB SUDAMERIS, CARRERA 7 NO 7152 TORRE B**b(2)** Reference ID number (see instructions)BOGOTACRRCOLCOLOMBIA**c** For FDE, country(ies) under whose laws organized and entity type under local tax law**d** Date(s) of organization**e** Effective date as FDE03/01/2011**f** If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number**g** Country in which principal business activity is conducted**h** Principal business activity**i** Functional currencyCOLOMBIAPROGRAM RELCOP**2** Provide the following information for the FDE's or FB's accounting period stated above.**a** Name, address, and identifying number of branch office or agent (if any) in the United States**b** Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different**3** For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions):**a** Name and address**b** Annual accounting period covered by the return (see instructions)**c(1)** U.S. identifying number, if any**c(2)** Reference ID number (see instructions)**d** Country under whose laws organized**e** Functional currency**4** For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):**a** Name and address**b** Country under whose laws organized**c** U.S. identifying number, if any**d** Functional currency**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 3

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

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

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

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	
11 Total deductions (exclude income tax expense)	11	3,347,275,670.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	-3,347,075,670. -870,240.

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

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

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

**Schedule F Balance Sheet**

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

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	14,757.	4,119.
2	Other assets	2,794.	886.
3	Total assets	16,551.	5,005.
Liabilities and Owner's Equity			
4	Liabilities	2,796,056.	3,278,914.
5	Owner's equity	-2,779,505.	-3,273,909.
6	Total liabilities and owner's equity	16,551.	5,005.

**Schedule G Other Information**

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



Schedule G Other Information (continued)

Table with columns Yes, No and rows 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 13a, 13b. Contains questions about qualified business units, base erosion payments, and dual consolidated losses.

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

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

Table with columns 1-8 and values for current year net income, total net additions, total net subtractions, current earnings and profits, DASTM gain, and exchange rate.

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

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

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

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

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
CO	2022-06-30	NONE	0.0003	NONE	NONE			
<b>Totals</b>				NONE	NONE			

**SCHEDULE M  
(Form 8858)**

(Rev. September 2021)

Department of the Treasury  
Internal Revenue Service

**Transactions Between Foreign Disregarded Entity (FDE) or  
Foreign Branch (FB) and the Filer or Other Related Entities**

▶ **Attach to Form 8858.**

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

OMB No. 1545-1910

Name of person filing Form 8858 <b>THE CENTER FOR REPRODUCTIVE RIGHTS INC</b>		Identifying number <b>13-3669731</b>
Name of FDE or FB <b>CRR (COLOMBIA BRANCH)</b>	U.S. identifying number, if any <b>CRRCOL</b>	Reference ID number (see instructions)
Name of tax owner	U.S. identifying number, if any	

**Important:** Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

**Column headings.** This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> <b>Controlled Foreign Partnership</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> <b>Controlled Foreign Corporation</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> <b>U.S. Tax Owner</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory . . . . .					
2 Sales of property rights . . . . .					
3 Compensation received for certain services . . . . .					
4 Commissions received . . . . .					
5 Rents, royalties, and license fees received . . . . .					
6 Dividends/Distributions received . . . . .					
7 Interest received . . . . .					
8 Loan guarantee fees received . . . . .					
9 Other . . . . .					
10 Add lines 1 through 9 . . . . .					
11 Purchases of inventory . . . . .					
12 Purchases of tangible property other than inventory . . . . .					
13 Purchases of property rights . . . . .					
14 Compensation paid for certain services . . . . .					
15 Commissions paid . . . . .					
16 Rents, royalties, and license fees paid . . . . .					
17 Interest paid . . . . .					
18 Loan guarantee fees paid . . . . .					
19 Add lines 11 through 18 . . . . .					
20 Amounts borrowed (see instructions) . . . . .					
21 Amounts loaned (see instructions) . . . . .					

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 9-2021)

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Form **8858****Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

OMB No. 1545-1910

(Rev. September 2021)

▶ Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

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

Attachment  
Sequence No. **140**beginning 07/01/2021, and ending 06/30/2022

Name of person filing this return

Filer's identifying number

THE CENTER FOR REPRODUCTIVE RIGHTS INC13-3669731

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

199 WATER STREET, 22ND FLOOR

City or town, state, and ZIP code

NEW YORKNY 10038

Filer's tax year beginning

07/01/2021and ending 06/30/2022**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here	<input type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/>	FDE of a controlled foreign partnership
	<input checked="" type="checkbox"/>	FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here Initial 8858 Final 8858

**1a** Name and address of FDE or FB CRR (KENYA BRANCH)4TH FL, PINETREE, P.O BOX 48136-00100 KINDARUMA RDNAIROBIKENYA**b(1)** U.S. identifying number, if any**b(2)** Reference ID number (see instructions)CRRKEN**c** For FDE, country(ies) under whose laws organized and entity type under local tax law**d** Date(s) of organization**e** Effective date as FDE05/01/2011**f** If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number**g** Country in which principal business activity is conducted**h** Principal business activity**i** Functional currencyKENYAPROGRAM RELKES**2** Provide the following information for the FDE's or FB's accounting period stated above.**a** Name, address, and identifying number of branch office or agent (if any) in the United States**b** Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different**3** For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions):**a** Name and address**b** Annual accounting period covered by the return (see instructions)**c(1)** U.S. identifying number, if any**c(2)** Reference ID number (see instructions)**d** Country under whose laws organized**e** Functional currency**4** For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):**a** Name and address**b** Country under whose laws organized**c** U.S. identifying number, if any**d** Functional currency**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 4

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

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

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

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	338,219.
10 Total income (add lines 3 through 9)	10	338,219.
11 Total deductions (exclude income tax expense)	11	187,045,574.
12 Income tax expense	12	1,659,094.
13 Other adjustments	13	
14 Net income (loss) per books	14	-186,707,355.

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

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

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

**Schedule F Balance Sheet**

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

Assets		(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1 Cash and other current assets	1	101,130.	85,993.
2 Other assets	2	79,551.	188,694.
3 Total assets	3	180,681.	274,687.
Liabilities and Owner's Equity			
4 Liabilities	4	4,946,766.	6,223,267.
5 Owner's equity	5	-4,766,085.	-5,948,580.
6 Total liabilities and owner's equity	6	180,681.	274,687.

**Schedule G Other Information**

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

**Schedule G Other Information (continued)**

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

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

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

1	Current year net income (loss) per foreign books of account	1	-186,707,355.
2	Total net additions	2	
3	Total net subtractions	3	35,806,825.
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3)	4	-222,514,180.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5.	6	-222,514,180.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)).	7	-1,930,376.
8	Enter exchange rate used for line 7 ▶ 0.0039		

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

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

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

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

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
KE	2022-06-30	NONE	0.0089	NONE	NONE			
<b>Totals</b>				NONE	NONE			

**SCHEDULE M  
(Form 8858)**

(Rev. September 2021)

Department of the Treasury  
Internal Revenue Service

**Transactions Between Foreign Disregarded Entity (FDE) or  
Foreign Branch (FB) and the Filer or Other Related Entities**

▶ **Attach to Form 8858.**

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

OMB No. 1545-1910

Name of person filing Form 8858 <b>THE CENTER FOR REPRODUCTIVE RIGHTS INC</b>		Identifying number <b>13-3669731</b>
Name of FDE or FB <b>CRR (KENYA BRANCH)</b>	U.S. identifying number, if any	Reference ID number (see instructions) <b>CRRKEN</b>
Name of tax owner	U.S. identifying number, if any	

**Important:** Complete a *separate* Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

**Column headings.** This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> <b>Controlled Foreign Partnership</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> <b>Controlled Foreign Corporation</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> <b>U.S. Tax Owner</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory . . . . .					
2 Sales of property rights . . . . .					
3 Compensation received for certain services . . . . .					
4 Commissions received . . . . .					
5 Rents, royalties, and license fees received . . . . .					
6 Dividends/Distributions received . . . . .					
7 Interest received . . . . .					
8 Loan guarantee fees received . . . . .					
9 Other . . . . .					
10 Add lines 1 through 9 . . . . .					
11 Purchases of inventory . . . . .					
12 Purchases of tangible property other than inventory . . . . .					
13 Purchases of property rights . . . . .					
14 Compensation paid for certain services . . . . .					
15 Commissions paid . . . . .					
16 Rents, royalties, and license fees paid . . . . .					
17 Interest paid . . . . .					
18 Loan guarantee fees paid . . . . .					
19 Add lines 11 through 18 . . . . .					
20 Amounts borrowed (see instructions) . . . . .					
21 Amounts loaned (see instructions) . . . . .					



FORM 8858 DETAIL

LINE 5 - ORGANIZATIONAL CHART

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ENTITY NAME LINE 1:      SEE ATTACHMENT

FORM 8858 DETAIL

LINE 5 - ORGANIZATIONAL CHART  
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ENTITY NAME LINE 1:      SEE ATTACHMENT

FORM 8858 DETAIL

LINE 5 - ORGANIZATIONAL CHART

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ENTITY NAME LINE 1:      SEE ATTACHMENT

FORM 8858 DETAIL

LINE 5 - ORGANIZATIONAL CHART  
-----

ENTITY NAME LINE 1:      SEE ATTACHMENT

**Electronic Filing Information: PDF attachments included in this Return**

**Tax Year:** 2021      **Jurisdiction:** Federal  
**Name:** The Center for Reproduc      **No of Attachments:** 1  
**Return No:** E5663NV1

**PDF Attachment Description**

b458 - Org Chart

**PDF File Name**

E5663NV1\_E5663 - Org Chart.pdf

**File Size**

432,888

gend

U.S. Corporation

Disregarded Entity for U.S./Corporation for foreign tax purposes

The Center For Reproductive Rights Inc. EIN:13-3669731  
Attachment to Form 8858, Information Return of U.S. Persons With Respect to  
Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

Page 1, Question 5

Tax Year Ending: 6/30/2022

