Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public Inspection

АГ	or tn	e 202	u calendar year, or tax year begin	ining	, 2020,	and endin	<u>g</u> _			, 20
B c	neck if ap	oplicable:	C Name of organization GUTTMACHER INSTITUTE,	INC.				D Employer ide	entificatio	on number
	Addre		Doing Business As					13-2890	727	
	chang	e change	Number and street (or P.O. box if mail is		E Telephone number					
	+	return	125 MAIDEN LANE, 7TH E	FLOOR				(212) 248	3-111	.1
	Termi		City or town, state or province, country, a					,		
	Amen	ided	NEW YORK, NY 10038	5 1				G Gross receipt	s \$	41,740,778
	return Applic	cation	F Name and address of principal officer:	MAUREEN BURNL	EY		$\overline{}$	H(a) Is this a grou		
	」 pendii	ng	125 MAIDEN LANE, 7TH B			38		subordinates? H(b) Are all subordi	?	
_	Тах-ех	empt st	<u> </u>		4947(a)(1) or			. ,		ee instructions)
			WWW.GUTTMACHER.ORG) (msert no.)	4347 (a)(1) O	1 327		H(c) Group exemp		
_				Association Other		I Vear of		on: 1977 M		
	art I		mmary	A330CIALIOIT OTHER		L Teal of	TOTTTALL)11. ±277 W	otate of it	egai doffficile.
			describe the organization's mission or	most significant activities:	THE IN	STITUTE	IS A	LEADING	RESE	ARCH AND
Φ	•		ICY ORGANIZATION COMMITT							
ğ			LTH AND RIGHTS IN THE UN							
ern	2		this box F if the organization di					of its not assets		
Governance			er of voting members of the governing					1	3	24.
			er of independent voting members of the						4	24.
ies			number of individuals employed in cale						5	168.
Activities &			number of volunteers (estimate if necess						6	30.
Act			unrelated business revenue from Part VI						7a	(
			nrelated business revenue from Fart vi						7b	(
		ivet ui	Trelated business taxable income from i	FOITH 990-1, line 34			<u></u>	Prior Year	75	Current Year
	8	Contri	ibutions and grants (Part VIII line 1h)					17,411,97	1	18,034,032
ne	9	Drage	ibutions and grants (Part VIII, line 1h)		COPY	FOR		45,23		46,420
Revenue	10	Progra	am service revenue (Part VIII, line 2g)		PUBLIC INS	SPECTION		1,481,02		1,214,542
æ	10	IIIVESI	intent income (Fart VIII, column (A), line	:5 3, 4, and 7u) [229,36		45,567
			revenue (Part VIII, column (A), lines 5,					19,167,59		19,340,561
			revenue - add lines 8 through 11 (must				•	17,107,37	0.	17,540,501
			s and similar amounts paid (Part IX, colu						0.	
			its paid to or for members (Part IX, coluites, other compensation, employee bene					18,372,02		19,715,266
Expenses						10,3,2,02	0.	15,7,13,200		
beu	10a	Total	ssional fundraising fees (Part IX, column fundraising expenses (Part IX, column (I	(A), line (1e)	89 630					
Ä	17	Other	rundraising expenses (Part IX, column (A) lines 14	D), lifte 25) ► ± / ○				10,025,931.		7,958,578
			expenses (Part IX, column (A), lines 11: expenses. Add lines 13-17 (must equal					28,397,95		27,673,844
								-9,230,36		-8,333,283
-Se	19	Kevei	nue less expenses. Subtract line 18 from	111111111111111111111111111111111111111				ing of Current Y		End of Year
ets (20	Total	assets (Part X, line 16)					57,814,35		71,778,820
Net Assets or Fund Balances	21		assets (Part X, line 16) liabilities (Part X, line 26)					10,417,13		21,131,932
E e	22		ssets or fund balances. Subtract line 21	from line 20				57,397,22	_	50,646,888
	rt II		qnature Block	HOITIME 20				3,,33,,422	<u> </u>	30,010,000
			of perjury, I declare that I have examined this	s return, including accompar	nvina schedule	es and statem	nents an	nd to the hest of	my knov	wledge and helief it i
true	, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all inform	ation of which	h preparer has	s any kno	owledge.		modgo and bollor, it i
Sig	n		Signature of officer					l Date		
Hei	·e									
			Type or print name and title							
_			Type preparer's name	Preparer's signature		Date		Charl	; PTIN	1
Paic	l	AAR		-1				Check self-employe	")1333816
Pre	oarer		. DVD 11D							
Use	Only				Firm's EIN ► 44-0160260 Phone no. 212.867.4000					
Max	the II		address > 1155 AVENUE OF THE AMERICASS this return with the preparer shown					Phone no.		
				,			<u></u>			
ror	rapei	rwork	Reduction Act Notice, see the separate	e instructions.						Form 990 (2020

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to an	ov line in this Port III	X
1	Briefly describe the organization's mission: ATTACHMENT 1	iy iine ii tiis Fattiii	
2	Did the organization undertake any significant program services prior Form 990 or 990-EZ?		
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant		am
	services?		
4	Describe the organization's program service accomplishments expenses. Section 501(c)(3) and 501(c)(4) organizations are rethe total expenses, and revenue, if any, for each program service	required to report the amount of grants an	
4a	(Code:) (Expenses \$13,045,591. including grant ATTACHMENT 2	nts of \$) (Revenue \$)
4b	(Code:) (Expenses \$6,439,021. including grant ATTACHMENT 3	nts of \$) (Revenue \$	46,420.
4c	(Code:) (Expenses \$2,430,313. including grant ATTACHMENT 4	nts of \$) (Revenue \$	_)
4d	Other program services (Describe on Schedule O.)		
4e	(Expenses \$ including grants of \$ Total program service expenses ▶ 21,914,925.) (Revenue \$	

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	Ė		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
_	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			· v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	Λ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	21	
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	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		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23	X	
24 a	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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	25b		Х
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	26		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	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II	32		Х
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	33		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	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
37	related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 54			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	990	(2020
0E1030	1.000 83770G V01B 7/16/2021 10:18:17 AM V 20-5.7F 1181660	r-orm	990	(2020

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 168			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		3.7
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
_	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		21
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	13		21
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		

GUTTMACHER INSTITUTE, INC. 13-2890727 Page 6 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 24 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?........... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 5

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

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

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.

State the name, address, and telephone number of the person who possesses the organization's books and records ►

MAUREEN BURNLEY 125 MAIDEN LANE, 7TH FLOOR NEW YORK, NY 10038

State the name, address, and telephone number of the person who possesses the organization's books and records ►

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Χ

16a

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	,				e than c		Reportable	Reportable	Estimated amount
	hours					is both		compensation	compensation	of other
	per week (list any				_	or/trust	ŕ	from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	/idua	tutic	ĕr	emp	lest	ner			related organizations
	organizations	or tr	nal		loye	е 80 В				
	below dotted line)	ste	trus		Ö	pen				
			ее			Highest compensated employee				
						۵				
(1)HERMENIA PALACIO	35.00									
PRESIDENT & CEO	0.			Х				349,988.	0.	55,739.
(2) SUSHEELA SINGH	35.00									
DISTINGUISHED SCHOLAR & VP FOR	0.				Х			321,150.	0.	77,267.
(3) JONATHAN WITTENBERG	35.00									
EXECUTIVE VICE PRESIDENT	0.			Х				265,995.	0.	71,426.
(4) KATHRYN KOST	35.00									
DIRECTOR OF DOMESTIC RESEARCH	0.					Х		246,841.	0.	77,011.
(5) MAUREEN BURNLEY	35.00									
VP FINANCE & ADMINISTRATION	0.			Х				245,299.	0.	55,464.
(6) HEATHER BOONSTRA	35.00									
VP FOR PUBLIC POLICY	0.				Х			238,161.	0.	56,136.
(7) MAIBE PONET	35.00									
VP FOR COMMUNICATIONS & PUBLIC	0.				Х			241,288.	0.	51,730.
(8) KATHLEEN RANDALL	35.00									
DIRECTOR OF PRODUCTION	0.					Х		212,101.	0.	58,085.
(9) LAURA LINDBERG	35.00									
PRINCIPAL RESEARCH SCIENTIST	0.					Х		190,451.	0.	72,486.
(10) JENNIFER FROST	35.00									
PRINCIPAL RESEARCH SCIENTIST	0.					Х		208,368.	0.	32,770.
(11) ANN BIDDLECOM	35.00									
DIR OF INTERNATIONAL RESEARCH	0.					Х		219,493.	0.	21,136.
(12) ALETHA AKERS	35.00									
VP FOR RESEARCH	0.				Х			213,698.	0.	6,392.
(13) SILVIA HENRIQUEZ	1.00									
BOARD CHAIR	0.	X		Х				0.	0.	0.
(14) LOU TURNER ZELLNER	1.00									
CHAIR/IMMEDIATE PAST CHAIR	0.	X		Х				0.	0.	0.
										E 000 (2222)

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P	art VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employees (c	ontinue	ed)	
	(A)	(B)			-	C)			(D)	(E)		(F)	
	Name and title	Average hours per	(do r	not c		sition more	e than c	one	Reportable compensation	Reportable compensation from		timated ount of	
		week (list any	1				is both tor/trust		from	related		other	
		hours for related			_				the organization	organizations (W-2/1099-MISC)		pensation	on
		organizations	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** _, *********************************	_	anizatio	
		below dotted line)	ral tr	ional		ploy	t con					d related inization	
			uste	trustee		ee	npen						
			Ф	tee			sate						
15) MARY SHALLENBERGER THRU 6/20	.25					-						
==	IMMEDIATE PAST CHAIR	0.	Х		Х				0.	0.			0
16) ERNESTINA COAST	1.00											
	VICE CHAIR	0.	Х		Х				0 .	0.			0
17) LAURA PHILIPS	1.00											
	CHAIR, FINANCE COMMITTEE/TREAS	0.	X		X				0.	0.			0
18) MICHAEL KLEIN	.50											0
10	CHAIR, AUDIT COMMITTEE/SECRETA	0.	Х		Х				0 .	0.			0
19) PAMELA MERRITT MEMBER AT LARGE/ SECRETARY	.50	X		Х				0	0.			0
20) CONSTANCE MAO	.50	21		25				0	0.			
==	CHAIR, DEVELOPMENT COMMITTEE	0.	Х						0.	0.			0
21) MARCELA HOWELL	.10											
	MEMBER AT LARGE THRU 6/20	0.	Х						0 .	0.			0
22) SUJATHA JESUDASON	.50											
	MEMBER AT LARGE	0.	X						0.	0.			0
23) PAUL SPERRY	.50											0
2.4	MEMBER AT LARGE THRU 6/20) AMANDA COOPER THRU 6/20	0.	X						0 .	0.			0
	CHAIR, NOMINATING & GOVERNANCE	.50	X						0	0.			0
25) CYNTHIA GOMEZ	.50	Λ						0.	0.			
==	CHAIR, NOMINATING & GOVERNANCE	0.	Х						0.	0.			0
11	Sub-total								2,952,833.	0.	6	35,6	542.
	Total from continuation sheets to Part VII, S	ection A						•	0.	0.			0.
	d Total (add lines 1b and 1c)							>	2,952,833.	0.	6	35,6	542.
2	Total number of individuals (including but not reportable compensation from the organization		hose 56		ed a	bove	e) who	o re	eceived more than	\$100,000 of			
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		X
_											3		71
4	For any individual listed on line 1a, is the sorganization and related organizations greater	sum of rep eater than	ortab \$15	ole (com	iper	nsatioi •∽⁄	n ai	na other compens complete Schedu	sation from the			
	individual										4	Х	
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual			
	for services rendered to the organization? If "Ye										5		X
S	ection 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	(C) of services Compensation
ATTACHMENT 6		

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 ▶ 8

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	continued)	
(A)	(B)			(0	C)			(D)	(E)	(F	=)	
Name and title	Average	(40	4		ition	. 46		Reportable	Reportable	Estin		
	hours per week (list any	١,				e than o is both		compensation from	compensation from related		unt of ner	
	hours for					or/trust		the	organizations	compe		n
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	organization	(W-2/1099-MISC)	from		
	organizations below dotted	/idu:	tutic	er	emp	lest	ner	(W-2/1099-MISC)		organ and r		
	line)	al tru	nal		loye	com				organi	zation	s
		ıstee	trust		ď	pen						
			ее			compensated ee						
26) LAURA ROSENBURY	.50					<u> </u>						
CHAIR, DEVELOPMENT COMMITTEE	0.	Х						0	0.			0
27) JUDY TABB THRU 6/20	.50											
CHAIR, AUDIT COMMITTEE	0.	Х						0	0.			0
28) ALAN GUTTMACHER	.50											
DIRECTOR	0.	Х						0	0.			0
29) SUSAN FRELICH APPLETON	.50											
DIRECTOR	0.	Х						0	0.			0
30) ERIN ARMSTRONG	.50											
DIRECTOR	0.	Х						0	0.			0
31) JOTHAM MUSINGUZI	.50											
DIRECTOR	0.	Х						0	0.			0
32) DANIEL PELLEGROM	.50											
DIRECTOR	0.	Х						0	0.			0
33) LIDA COLEMAN	.50											
DIRECTOR	0.	X						0	0.			0
34) KETAYOUN DARVICH- KODJOURI	.50											
DIRECTOR	0.	X						0	0.			0
35) NOZER SHERIAR	.50											
DIRECTOR	0.	X						0	0.			0
36) BARBARA SINGHAUS	.50											
DIRECTOR	0.	X						0	0.			0
1b Sub-total							ightharpoons	0.	0.			0.
c Total from continuation sheets to Part VII, S	-											
d Total (add lines 1b and 1c)							>		•			
2 Total number of individuals (including but not				d at	bove	e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organization		56)								, T	NI-
										T	'es	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satior	n ar	nd other compens	sation from the			
organization and related organizations gro												
individual										4	X	_
5 Did any person listed on line 1a receive or										_		37
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	ıle J	l for	such	per	son		5		X
Section B. Independent Contractors		l	1					hat maaabood oo		•		
1 Complete this table for your five highest com compensation from the organization. Report of												

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 \blacktriangleright

(A)	(B)			((<u>.,</u>			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	ition more rson lirect	e than or is both a	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estima amour	timated ount o other	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatio I relate nizatio	on ed
7) JANE LEUNG	.50											
DIRECTOR	0.	X						0	0.			
8) DENISE SPILLANE	.50											
DIRECTOR	0.	X						0	0.			
9) ERICA DUIGNAN MINNIHAN DIRECTOR	.50							0	0.			
0) LISA IKEMOTO	.25	X						0	. 0.			
DIRECTOR THRU 6/20	0.	X						0] 0.			
1) PAUL VAN LOOK	.50											
DIRECTOR THRU 6/20	0.	Х						0	0.			
2) KIERRA JOHNSON	.50											
DIRECTOR	0.	Х						0	0.			
1b Sub-total							>	0.	0.			
c Total from continuation sheets to Part VII,	Section A											
d Total (add lines 1b and 1c)							re	ceived more than	\$100,000 of			
reportable compensation from the organization	on >	56	5								Yes	N
3 Did the organization list any former offi	car directo	ır or	fri	icto	Δ .	kov o	mn	Novee or highes	t compensated		162	IN
employee on line 1a? If "Yes," complete Sche										3		2
4 For any individual listed on line 1a, is the organization and related organizations g	sum of repreater than	ortab \$15	le c	com 00?	pen	sation "Yes,	n ar	nd other compens	sation from the le J for such		37	
individual										4	X	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "										5		2
Section B. Independent Contractors 1 Complete this table for your five highest cor						1		hat made to		,		

(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 respo	nse or note to any	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស្ល	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ج ق		Fundraising events 1c					
ţ\$,	۲ C	-					
a g	d	Related organizations 1d	E04 515				
i,s	e	Government grants (contributions) 1e	724,517.				
įς	f	All other contributions, gifts, grants,					
but		and similar amounts not included above . 1f	17,309,515.				
ਠੋੜੋਂ	g	Noncash contributions included in					
E P			\$ 6,196,764.				
0 8	h	Total. Add lines 1a-1f		18,034,032.			
_			Business Code				
Program Service Revenue	2a	PUBLICATIONS	900099	46,420.	46,420.		
e S	b						
S	С						
ar	d						
Pg	e						
F.		All other program service revenue					
	f g	Total. Add lines 2a-2f	•	46,420.			
				,			
	3	Investment income (including dividends,		495,361.			495,361.
		other similar amounts)					493,301.
	4	Income from investment of tax-exempt bond		0.			21.510
	5	Royalties		31,510.			31,510.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u> ▶ </u>	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 23,119,398.					
Ф	b	Less: cost or other basis					
evenue		and sales expenses 7b 22,400,217.					
e e	С	Gain or (loss) 7c 719,181.					
22	d	Net gain or (loss)		719,181.			719,181.
Other		• ' '					
5	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events	<u> ▶ </u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	<u> </u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory		0.			
·r		. ,	Business Code				
ő ű	112	OTHER	900099	14,057.			14,057.
nuc	11a			_1,00,.			1 -1,007.
ye.	b						+
Miscellaneous Revenue	C	All sthess serves					+
Ĭ	d	All other revenue		14.055			
	e_	Total Add lines 11a-11d		14,057.	45 40-		1 000 101
	12	Total revenue. See instructions		19,340,561.	46,420.		1,260,109.

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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	_			
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	0.040.500	1 265 500	610 686	0.65 4.60
	trustees, and key employees	2,249,733.	1,365,588.	618,676.	265,469.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B)	0.	11 501 064	1 250 651	602 405
7	Other salaries and wages	13,524,420.	11,521,264.	1,379,671.	623,485.
8	Pension plan accruals and contributions (include	1 105 004	0.45 0.00	100 500	F1 200
	section 401(k) and 403(b) employer contributions)	1,105,284.	945,288.	108,598.	51,398.
9	Other employee benefits	1,813,606.	1,545,568.	182,262.	85,776.
10	Payroll taxes	1,022,223.	843,652.	122,223.	56,348.
	Fees for services (nonemployees):	_			
а	Management	190,502.	98,732.	01 770	
	Legal	73,970.	98,732.	91,770. 73,970.	
	Accounting	19,876.	19,876.	73,970.	
	Lobbying	19,876.	19,070.		
	Professional fundraising services. See Part IV, line 17	114,078.		114,078.	
	Investment management fees	114,070.		114,070.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	3,267,247.	2,915,447.		351,800.
	(A) amount, list line 11g expenses on Schedule O.) ATCH 7	0.	2,713,117.		331,000.
	Advertising and promotion	473,518.	287,949.	141,282.	44,287.
13	Office expenses	410,395.	171,640.	214,735.	24,020.
14	Information technology	0.	17170101	211/7331	21,020.
15	Royalties	2,107,903.	1,316,414.	684,493.	106,996.
16	Occupancy	106,500.	74,654.	30,402.	1,444.
	Payments of travel or entertainment expenses		,	33,1321	
10	for any federal, state, or local public officials	0.			
10	Conferences, conventions, and meetings	81,882.	57,397.	23,375.	1,110.
	Interest	0.	- , · ·	-,,-	,
21	Payments to affiliates.	0.			
22	Depreciation, depletion, and amortization	775,987.	584,975.	143,259.	47,753.
23	Insurance	190,109.	118,725.	61,734.	9,650.
24					
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PRINTING AND ARTWORK	45,418.	27,128.		18,290.
b	MISCELLANEOUS	101,193.	20,628.	78,761.	1,804.
c					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	27,673,844.	21,914,925.	4,069,289.	1,689,630.
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 if following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	135,836.	1	79,686.
	2	Savings and temporary cash investments	16,499,228.	2	19,551,204.
	3	Pledges and grants receivable, net	15,751,845.	3	5,889,703.
	4	Accounts receivable, net	115,944.	4	656,082.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ğ	9	Prepaid expenses and deferred charges	196,439.	9	254,170.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 19,750,182.			
	b	Less: accumulated depreciation	9,849,655.	10c	9,484,084.
	11	Investments - publicly traded securities	24,741,609.	11	28,566,819.
	12	Investments - other securities. See Part IV, line 11	312,599.	12	336,312.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	211,199.	15	6,960,760.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	67,814,354.	16	71,778,820.
	17	Accounts payable and accrued expenses	1,327,353.	17	1,522,987.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	8,128,653.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	8,339,078.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	3,043,300.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	961,125.		8,226,567.
	26	Total liabilities. Add lines 17 through 25	10,417,131.	26	21,131,932.
Sec		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	16,960,738.	27	18,704,979.
Ä	28	Net assets with donor restrictions	40,436,485.	28	31,941,909.
· Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	57,397,223.	32	50,646,888.
ž	33	Total liabilities and net assets/fund balances	67,814,354.	33	71,778,820.
	<u> </u>		<u> </u>		Form 990 (2020)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,3	40,5	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,673,844.			344.
3	Revenue less expenses. Subtract line 2 from line 1	3		-8,3	33,2	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 57,397,223.				
5	Net unrealized gains (losses) on investments	5		1,7	51,0	59.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-1	68,1	11.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		50,6	46,8	88.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

GUI	'TMZ	ACHER INSTITUTE, IN	C.				13-28907	27
Pai	ťΙ	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this pa	art.) See instruction	S.
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Eı	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ited to its exempt facent income and un	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (less	s; and (2) no more than s section 511 tax) from	n 331/3 % of its
1		An organization organized a	•	•	-			
2		An organization organized	•	•			•	
		of one or more publicly su						
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g
а			anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
		_ supporting organization. \	-					
b		$oxedsymbol{oxed}$ Type II. A supporting org	•					. , .
		control or management of		=	the sam	e person	s that control or mar	age the supported
		$_{_}$ organization(s). You must	-					
С								lly integrated with,
		its supported organization		•				
d		☐ Type III non-functionally			-			- : :
		that is not functionally inte	•	• •			•	d an attentiveness
		requirement (see instruct	•	•				U T III
е		Check this box if the orga					**	ıı, Type III
f	En	functionally integrated, or ter the number of supported			porting c	organizat	ion.	
g		ovide the following information	· ·	orted organization(s)				
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	arrie of supported organization	(11) = 111	(described on lines 1-10	· ,	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					169	No		
A)								
B)								
C)								
C)								
D)								
E)								
Γota	l i							1

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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.) Part II

Sec	tion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,453,108.	16,837,307.	9,909,078.	17,411,971.	18,034,032.	85,645,496.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	23,453,108.	16,837,307.	9,909,078.	17,411,971.	18,034,032.	85,645,496.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						29,105,880.
6	Public support. Subtract line 5 from line 4						56,539,616.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4	23,453,108.	16,837,307. 371,690.	9,909,078. 751,326.	17,411,971. 771,265.	18,034,032. 526,871.	85,645,496. 2,815,532.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	10,943.	47,811.	25,996.	207,690.	14,057.	306,497.
11	Total support. Add lines 7 through 10						88,767,525.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	177,660.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (li	. ,		, , ,		14	63.69 %
15	Public support percentage from 2019	Schedule A, Pa	rt II, line 14			15	60.48 %
16a	331/3% support test - 2020. If the org	•					
	box and stop here. The organization q	•		•			
b	331/3% support test - 2019. If the org						
	this box and stop here . The organization			-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
b	Part VI how the organization meets organization	2019. If the org	ganization did no e facts-and-circu	ot check a box umstances test,	on line 13, 16 check this box	a, 16b, or 17a, a and stop here	and line Explain
18	organization	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	and see
	instructions					chodulo A (Form 0	

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

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

Sec	tion A. Public Support			· 1	'	,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
,	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	, ,						
e	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(2) 2040	(b) 2047	(a) 2049	(4) 2010	(a) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
D	`						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here.						▶ 🔼
	tion C. Computation of Public Supp					T	
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche					16	<u> %</u>
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	ganization did r	not check the bo	ox on line 14, ar	nd line 15 is mo	ore than 331/3%,	and line
	17 is not more than 331/3 %, check this	box and stop	here. The organ	nization qualifies	as a publicly su	upported organiza	tion . ►
b	331/3% support tests - 2019. If the orga	anization did not	t check a box on	line 14 or line 1	9a, and line 16	is more than 331	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifie	es as a publicly	supported organi	zation 🕨 🔃
20	Private foundation. If the organization d	lid not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions ►

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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 **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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 **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3b		
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44=		
Sacti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Jecu	on 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	103	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	NI -
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	NO
Secti	on D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s					
1	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 organi	zations r	nust complete Sectio	ns A through E.				
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Se	ection 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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e						
_2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ection C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization				
-	(see instructions).							

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				

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and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2016 . . .

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

and 4c.

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.)

ATTACHMENT 1								
SCHEDULE A, PART II - OTHER INCOME								
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL		
OTHER	10,943.	47,811.	25,996.	207,690.	14,057.	306,497.		
TOTALS	10,943.	47,811.		207,690.	14,057.	306,497.		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2020

Employer identification number

GUTTMACHER INSTITUT	E, INC.						
		13-2890727					
Organization type (check one	e):						
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	oundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private found	dation					
	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) (instructions.	7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See					
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							
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1	90 or 990-EZ), Part II, line ons of the greater of (1)					
contributor, during literary, or education	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.						
contributor, during contributions totale during the year for General Rule appli	the year, contributions exclusively for religious, charitable, etc., purposes, ed more than \$1,000. If this box is checked, enter here the total contribution an exclusively religious, charitable, etc., purpose. Don't complete any of the es to this organization because it received nonexclusively religious, charital more during the year.	but no such ons that were received ne parts unless the ble, etc., contributions					
-	t isn't covered by the General Rule and/or the Special Rules doesn't file Soust answer "No" on Part IV, line 2, of its Form 990; or check the box on lin	· · · · · · · · · · · · · · · · · · ·					

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization GUTTMACHER INSTITUTE, INC.

Employer identification number 13-2890727

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	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5_	N/A	\$	Person Payroll Noncash (Complete Part II for				

Person **Payroll**

Noncash (Complete Part II for noncash contributions.)

noncash contributions.)

(d)

Type of contribution

Χ

(a)

No.

6

N/A

(b)

Name, address, and ZIP + 4

1,920,000.

(c)

Total contributions

\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization GUTTMACHER INSTITUTE, INC.

Employer identification number 13-2890727

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	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization GUTTMACHER INSTITUTE, INC.

Employer identification number 13-2890727

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED SECURITIES		
		\$6,164,059.	10/20/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization GUTTMACHER INSTITUTE, INC. Employer identification number 13-2890727 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

e duplicate copies of Part III if addition		nce. See instructions.) ►\$
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
	(b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and	(b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Volunteer hours for political campaign activities (See instructions). Part I-B	Employer identification number 13-2890727 13-289072	Name of organization GUTTMACHER INSTITUTE, INC. Part FA 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). Part FB 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 under section 4955. 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If Yes, "describe in Part IV. Part FC 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 directly expended by the filing organization 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? 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, 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 political organizations political organization in none, enter -0		e organization answered "Yes," (See separate instructions), thei	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	istructions) or Form 990-1	EZ, Part V, line 35c (Pr	OX
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? 4a Was a correction made? 5 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 filling organization for section 527 exempt function activities. 5 Enter the amount of the filling organization's funds contributed to other organizations for section 527 exempt function activities. 5 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. 4 Did the filling organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization.	THACHER INSTITUTE, INC. 13-2890727 THA Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities") Political campaign activity expenditures (See instructions). **P\$ **Pollute if the organization is exempt under section 501(c)(3). **Enter the amount of any excise tax incurred by organization under section 4955. **Enter the amount of any excise tax incurred by organization under section 4955. **Enter the amount of any excise tax incurred by organization under section 4955. **Enter the amount of any excise tax incurred by organization under section 4955. **Enter the amount of any excise tax incurred by organization managers under section 4955. **Enter the amount of any excise tax incurred by organization managers under section 4955. **If the organization incurred a section 4955 tax, did it file Form 4720 for this year? **Complete if the organization is exempt under section 501(c), except section 501(c)(3). **Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3). **Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. **S* **Total exempt function expenditures. 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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (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? 4 Was a correction made? 5 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? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filling organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds.	Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities") Political campaign activities (See instructions) Volunteer hours for political campaign activities (See instructions). **The Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? If the organization incurred a section 4955 tax, did it file Form 4720 for this year? If "Yes," describe in Part IV. **Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filling organization for section 527 exempt function activities. **Section 4955 tax, did it file Form 4720 for this year? **Complete if the organization is exempt under section 501(c), except section 501(c)(3). **Enter the amount of the filling organization's funds contributed to other organizations for section 527 exempt function activities. **Section 527 political organization for section 527 political organization to which the filling organization made payments. For each organization in steed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization. If promptly and directly delivered to a separate political organization. If promptly and directly delivered to a separate political organization. If promptly and directly delivered to a separate political organization. If political organization. If political organization. If political organization. If political organization.	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). 2 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	Nam	e of organization			Employer ide	ntification number	
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Political campaign activity expenditures (See instructions) Volunteer hours for political campaign activities (See instructions). Part I-B Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization under section 4955.	Political campaign activity expenditures (See instructions) Volunteer hours for political campaign activities (See instructions). I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? If "Yes," describe in Part IV. I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. S Cotal exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. Did the filing organization file Form 1120-POL for this year? 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 ente 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. If organization. If organization. If on promptly and directly delivered to a separate political contributions received and promptly and directly delivered to a separate political organization. If promptly and directly delivered to a separate political organization section of promptly and directly delivered to a separate political organization. If promptly and directly delivered to a separate political organization. If promptly and directly delivered to a	Political campaign activity expenditures (See instructions). Volunteer hours for political campaign activities (See instructions). Part LB 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? 4 Was a correction made? b If "Yes," describe in Part IV. Part LC Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filling organization for section 527 exempt function activities. 2 Enter the amount of the filling 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 filling organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filling organizations 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 feet ocontributions received and promptly and directly delivered to a separate political organization. If none, enter -0	1	Provide a description of the	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (See in	nstructions for	
Volunteer hours for political campaign activities (See instructions). Part I-B	Volunteer hours for political campaign activities (See instructions). In a Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955	Volunteer hours for political campaign activities (See instructions). Part LB Complete if the organization is exempt under section 501(c)(3).		definition of "political campa	ign activities")				
Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Enter the amount of any excise tax incurred by the organization under section 4955 .	Enter the amount of any excise tax incurred by the organization under section 4955	2	Political campaign activity ex	xpenditures (See instructions)		▶ \$		
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? 4a Was a correction made? 5 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 5 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 5 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 5 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization.	Enter the amount of any excise tax incurred by the organization under section 4955	Enter the amount of any excise tax incurred by the organization under section 4955	3	Volunteer hours for political	campaign activities (See instructio	ns)			
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?	Enter the amount of any excise tax incurred by organization managers under section 4955 .	2 Enter the amount of any excise tax incurred by organization managers under section 4955.	Par	-					
If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 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? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization.	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV. The Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. For each organization activities. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. Did the filing organization file Form 1120-POL for this year? 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- Ge) Amount of political contributions received and promptly and directly delivered to a separate political organization. If delivered to a separate political organization. If	3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No	1						
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(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of pol	funds. If none, enter -0 promptly and directly delivered to a separate political organization. If	funds. If none, enter -0 promptly and directly delivered to a separate political organization. If none, enter -0		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of politica	
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		none, enter -0							
	none, enter-o							l .	
(4)			(4)						_
			(1)			_			
			(2)						_
(2)		(2)	(2)			_			
(2)		(2)	(3)						_
			(3)			-			
			(4)						_
(3)		(3)	(*)			1			
(3)		(3)	(5)						_
(4)		(4)	(-)			1			
(3)		(4)	(6)						_
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(4)		(4)							
(4)		(4)	(6)						
(4) (5)		(3) (4) (5)							

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

Schedule C (Form 990 or 990-EZ) 2020

Page	1

Sch	edule C (Form 990 or 990-EZ) 2020	GUTTMACHER]	INSTITUTE, INC.		13-2	1890727 Page 2
Pa	section 501(h)).				filed Form 5768 (ele	
Α			an affiliated group (are of excess lobbying exp		ach affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation checked bo	ox A and "limited contr	ol" provisions app	oly.	
		on Lobbying Exp ures" means am	enditures ounts paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to in	nfluence public o	pinion (grassroots lob	oying)		
b	Total lobbying expenditures to in	nfluence a legisla	tive body (direct lobby	ring)	19,876.	
c	: Total lobbying expenditures (ad	d lines 1a and 1b)	[19,876.	
c	I Other exempt purpose expendit	ures		[27,194,136.	
е	Total exempt purpose expenditu	ures (add lines 1	and 1d)	[27,214,012.	
f	Lobbying nontaxable amount.	Enter the amou	nt from the following	table in both		
	columns.				1,000,000.	
	If the amount on line 1e, column (a)	or (b) is: The lobl	ying nontaxable amount	is:		
	Not over \$500,000	20% of t	he amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the excess	s over \$500,000.		
	Over \$1,000,000 but not over \$1,50	00,000 \$175,00	0 plus 10% of the excess	s over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	000,000 \$225,00	0 plus 5% of the excess	over \$1,500,000.		
	Over \$17,000,000	\$1,000,0	000.			
_	Grassroots nontaxable amount	*	•	-	250,000.	
	Subtract line 1g from line 1a. If				0.	0.
i	Subtract line 1f from line 1c. If z				0.	0.
j	If there is an amount other th					
	reporting section 4911 tax for the					Yes No
			veraging Period Unde			
	(Some organizations that					nns below.
		See the sepa	arate instructions for	lines 2a through	2f.)	
		Lobbying Ex	penditures During 4-1	ear Averaging Pe	eriod	
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount	1,000,00	0. 1,000,000	1,000,00	1,000,000.	4,000,000.
	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c	Total lobbying expenditures	15,46	3. 10,709	8,90	19,876.	54,949.

250,000.

Schedule C (Form 990 or 990-EZ) 2020

1,000,000.

1,500,000.

250,000.

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

250,000.

250,000.

Page 3 Schedule C (Form 990 or 990-EZ) 2020

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	I filed	d For	m 5/6	5		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
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?	()(5)		4.			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(C)(5)	, or s	ection			
	501(c)(6).					Yes	No
	Mars substantially all (000/ or mars) dues respired and dustible by marshare?			ſ	1	163	NO
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
2 3	Did the organization make only in-nouse lobbying expenditures of \$2,000 of less? Did the organization agree to carry over lobbying and political campaign activity expenditures from			vear?	3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"					, is	
						, is	
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	OR (b				, is	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (b) Par	t III-A,		, is	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (b) Par	t III-A,		, is	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members	OR (b) Par	t III-A,		s, is	
2	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	OR (b	o) Par	t III-A,		s, is	
2 a	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year.	OR (b	o) Par	t III-A,		, is	
a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b) Par	1 2a 2b		, is	
2 a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b	o) Par	1 1 2a 2b 2c		s, is	
2 a b c	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	OR (b	o) Par	2a 2b 2c 3		s, is	
2 a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?	oR (b	o) Par	2a 2b 2c 3		s, is	
b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) duent of the section 162(e) duent of line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)	oR (b	o) Par	2a 2b 2c 3		s, is	
2 a b c 3 4 5 Pa	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and
a b c 3 4	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	or (b	o) Par	2a 2b 2c 3 4 5 5	line 3		and

Part IV **Supplemental Information** (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GU:	TTMACHER INSTITUTE, INC.	13-2890727
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	ınds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	-
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	anactivation accompants during the year
′	S **Specifical indication of the content of the cont	onservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(R)(i)
Ü		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and	l expense statement and
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	·
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	e statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
L	·	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under FASB ASC 958 relating to these items:	· · · · ·
а	Revenue included on Form 990, Part VIII, line 1.	> \$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2020

_		
Paa	е	4

Pa	rt Organizations Maintaini											
3	Using the organization's acquisition	on, accession, and o	other reco	rds, checl	c any of	f the	follow	ing that ma	ake sign	ificant u	se of it	ts
	collection items (check all that app	ly):										
а	Public exhibition		d	Loan	or excha	inge	prograi	m				
b	Scholarly research		e	Other								
С	Preservation for future gene	rations										-
4	Provide a description of the organ	nization's collections	and expl	ain how t	hey furt	ther	the or	ganization's	exempt	purpos	e in Pa	irt
	XIII.				-		·	_				
5	During the year, did the organization	on solicit or receive o	donations of	of art, histo	orical tre	easu	res, or	other simila	r			
	assets to be sold to raise funds rath									Yes	\square N	lo
Pa	rt IV Escrow and Custodial A		'									_
	Complete if the organiza 990, Part X, line 21.		es" on For	m 990, F	Part IV,	line	9, or r	eported an	amour	nt on Fo	rm	
1 a	Is the organization an agent, trus	tee, custodian or o	ther intern	nediary fo	or contr	ibuti	ons or	other asset	ts not _	_		
	included on Form 990, Part X?								L	Yes	N	lo
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the fo	llowing tab	ole:							
								ı	Amount			
С	Beginning balance				[1c						
d	Additions during the year				[1d						
е	Distributions during the year					1e						
f	Ending balance				[1f						
2a	Did the organization include an am	ount on Form 990,	Part X, line	e 21, for e	scrow o	r cu	stodial	account liab	ility?	Yes	N	lo
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the e	xplanation	has bee	en pr	ovided	on Part XIII				
Pa	rt V Endowment Funds.											_
	Complete if the organiza	ation answered "Ye	es" on Fo	m 990, F	Part IV,	line	10.					
		(a) Current year	(b) Prid	or year	(c) Two	year	s back	(d) Three yea	ars back	(e) Four	ears bac	k
1a	Beginning of year balance	7,888,871.	6,48	7,915.	7,1	L51,	,837.	6,200	,727.	6,1	70,05	$\overline{4}$.
h	Contributions											_
c	Net investment earnings, gains,											_
·	and losses	1,207,790.	1,65	0,464.	-4	128	,239.	1,169	,827.	2	37,73	39.
d	Grants or scholarships											_
e	Other expenditures for facilities											_
·	and programs	263,232.	24	9,508.	2	235	,683.	218	,717.	2	07,06	56.
f	Administrative expenses											_
'	End of year balance	8,833,429.	7,88	8,871.	6,4	187	,915.	7,151	,837.	6,2	00,72	7 .
g 2	Provide the estimated percentage	of the current year	and halanc	o (lino 1a								_
a	Board designated or quasi-endown			e (iiile 19,	COIGITITI	(a))	neiu as	•				
b	Permanent endowment ► 53.0											
С	Term endowment ► 46.9700	%										
	The percentages on lines 2a, 2b, a	_	100%.									
3a	Are there endowment funds not in			ation that	are held	d and	d admir	nistered for th	ne			
	organization by:		3.5							Y	es N	0
	(i) Unrelated organizations									3a(i)		X
	(ii) Related organizations									3a(ii)	2	X
b	If "Yes" on line 3a(ii), are the relate									3b		_
4	Describe in Part XIII the intended	•										_
_	rt VI Land, Buildings, and Equ	uipment.										_
	Complete if the organize	ation answered "Y				_						
	Description of property		other basis tment)		or other ba: ther)	sis		cumulated eciation	(d) Book valu	ie	
1a	Land	,	ont/	1			чері	Jacobs				_
b	Buildings			11.9	66,67	3.	3.9	33,518.		8,03	3,155	<u> </u>
	Leasehold improvements				398,69	_		11,569.			7,125	_
d	Equipment				36,21	_		11,271.			4,945	
	Other				759,16	_		20,309.			8,859	
	I. Add lines 1a through 1e. (Column		n 990 Pan								4,084	_
IJIA		i (a) must equal i on	550, r ar	. A, COIGITII	, (<i>ם</i>), וווו	0 10	·./			ulo D (For		_

Schedule D (Form 990) 2020			Page 3	
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
Total. (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 99	0, Part IV, line 11c. See Form 990, I	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuatio		
(,,, ,	(.,	Cost or end-of-year market		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. Complete if the organization answered	"Vos" on Form 00	0 Part IV line 11d See Form 990	Part Y line 15	
	scription	o, raitiv, line i id. See i oiiii 990, i	(b) Book value	
(1) SECURITY DEPOSITS	scription		211,199.	
(2) RIGHT OF USE ASSET-OPER. LEASE			6,749,561.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u> </u>	6,960,760	
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	990, Part X,	
	tion of liability		(b) Book value	
(1) Federal income taxes	tion of hability		(b) Book value	
(2) OPERATING LEASE LIABILITIES			7,337,943.	
(3) POSTRETIREMENT BENEFITS			888,624.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			8,226,567.	
${\bf 2.}\ {\sf Liability}$ for uncertain tax positions. In Part XIII, provide the				
organization's liability for uncertain tax positions under FASB A	ASC 740. Check here i	if the text of the footnote has been provide	d in Part XIII	

Page 4 Schedule D (Form 990) 2020

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.			
1	Total revenue, gains, and other support per audited financial statements	1	20,809,431.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		1 500 040		
е	Add lines 2a through 2d	2e	1,582,948.		
3	Subtract line 2e from line 1	3	19,226,483.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expanses not included on Form 990, Part VIII, line 7b. 114,078.				
a	investment expenses not included on Form 990, Part VIII, line Pb				
b	Other (Describe in Part XIII.)	4c	114,078.		
с 5	Add lines 4a and 4b	5	19,340,561.		
Part		_	.,,		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1	27,559,766.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	_			
е	Add lines 2a through 2d	2e	27 550 766		
3	Subtract line 2e from line 1	3	27,559,766.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 114,078.				
a	investment expenses not included on Form 330, Fart vin, line 75	-			
b	Other (Describe in Late Ann.)	4c	114,078.		
с 5	Add lines 4a and 4b	5	27,673,844.		
	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.					
	PAGE 5	iation	•		
- 6111	FAGE J				

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE INSTITUTE'S ENDOWMENTS CONSIST OF A DONOR-RESTRICTED ENDOWMENT FUND TO BE USED FOR GENERAL OPERATIONS AND ENDOWMENT GIFTS TOTALING \$1 MILLION TO BE USED FOR BIXBY FELLOWSHIPS.

PART XI, LINE 2D

OTHER ADJUSTMENTS:

POSTRETIREMENT BENEFITS ADJUSTMENT -87,025

FOREIGN EXCHANGE GAIN -81,086

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	IMACHER INSTITUTE, INC.	•			13-26907.	<u> </u>
Par	General Information o Form 990, Part IV, line 14th		Outside the	United States. Compl	ete if the organization a	inswered "Yes" or
1	For grantmakers. Does the org	anization main	ntain records	to substantiate the amou	unt of its grants and	
	other assistance, the grantees'	eligibility for t	he grants or	assistance, and the selec	ction criteria used to	
	award the grants or assistance?					Yes No
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line		e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	0.	2.	PROGRAM SERVICES	RESEARCH AND COMMS	17,707.
(2)	EUROPE	0.	5.	PROGRAM SERVICES	RESEARCH AND COMMS	88,003.
(3)	SOUTH AMERICA	0.	2.	PROGRAM SERVICES	RESEARCH AND COMMS	46,005.
(3)	SOUTH AMERICA	0.	2.	PROGRAM SERVICES	RESEARCH AND COMMS	40,005.
(4)	SOUTH ASIA	0.	7.	PROGRAM SERVICES	RESEARCH AND COMMS	106,734.
(5)	SUB-SAHARAN AFRICA	0.	19.	PROGRAM SERVICES	RESEARCH AND COMMS	211,029.
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a			35.			469,478.
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)		35.			469,478.

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

JSA

Schedule F (Form 990) 2020

GUTTMACHER INSTITUTE, INC. 13-2890727

Schedule F (Form 990) 2020 Page 2

	1			
		cipient organizations listed above that are recognized as charities by the foreign country, recognized attion by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	sipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax attion by the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

GUTTMACHER INSTITUTE, INC. 13-2890727

Schedule F (Form 990) 2020

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

Part III

Schedule F (Form 990) 2020
Part IV Foreign Forms

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

Schedule F (Form 990) 2020

Page 5 Schedule F (Form 990) 2020

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 (Form 990) 2020

SCHEDULE J (Form 990)

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

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GUTTMACHER INSTITUTE, INC.

Employer identification number

13-2890727

Part	Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all						
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line						
	1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the						
	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.						
	X Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:	4a		X			
а	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1						
b							
С	Participate in or receive payment from an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only costion $E04/a/(2)$, $E04/a/(4)$, and $E04/a/(20)$ examinations must complete lines $E.0$						
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
5	compensation contingent on the revenues of:						
•	The organization?	5a		Х			
a b	Any related organization?	5b		X			
b	If "Yes" on line 5a or 5b, describe in Part III.	35					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
·	compensation contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		Х			
-	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed						
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject						
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe						
	in Part III	8		Х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?						

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

Schedule J (Form 990) 2020

GUTTMACHER INSTITUTE, INC. 13-2890727

Schedule J (Form 990) 2020 Page 2

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 compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
HERMENIA PALACIO	(i)	348,956.	0.	1,032.	23,187.	32,552.	405,727.	
1 PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	
JONATHAN WITTENBERG	(i)	265,755.	0.	240.	27,500.	43,926.	337,421.	
2 EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	
MAUREEN BURNLEY	(i)	243,715.	0.	1,584.	25,138.	30,326.	300,763.	
3 ^{VP} FINANCE & ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	
KATHRYN KOST	(i)	245,257.	0.	1,584.	25,390.	51,621.	323,852.	
DIRECTOR OF DOMESTIC RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	
ANN BIDDLECOM	(i)	219,300.	0.	193.	21,076.	60.	240,629.	
DIR OF INTERNATIONAL RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	
KATHLEEN RANDALL	(i)	210,517.	0.	1,584.	21,721.	36,364.	270,186.	
6DIRECTOR OF PRODUCTION	(ii)	0.	0.	0.	0.	0.	0.	
JENNIFER FROST	(i)	206,784.	0.	1,584.	20,625.	12,145.	241,138.	
7 PRINCIPAL RESEARCH SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	
LAURA LINDBERG	(i)	189,595.	0.	856.	19,315.	53,171.	262,937.	
8 PRINCIPAL RESEARCH SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	
SUSHEELA SINGH	(i)	316,206.	0.	4,944.	32,583.	44,684.	398,417.	
gDISTINGUISHED SCHOLAR & VP FOR	(ii)	0.	0.	0.	0.	0.	0.	
ALETHA AKERS	(i)	213,473.	0.	225.	6,392.	0.	220,090.	
10 ^{VP} FOR RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	
MAIBE PONET	(i)	240,928.	0.	360.	12,250.	39,480.	293,018.	
11 VP FOR COMMUNICATIONS & PUBLIC	(ii)	0.	0.	0.	0.	0.	0.	
HEATHER BOONSTRA	(i)	237,288.	0.	873.	24,500.	31,636.	294,297.	
12 VP FOR PUBLIC POLICY	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

GUTTMACHER INSTITUTE, INC. 13-2890727

Schedule J (Form 990) 2020

Part | Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection Employer identification number

Department of the Treasury Internal Revenue Service

GUTTMACHER INSTITUTE, INC.

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

► Attach to Form 990.

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

Name of the organization

13-2890727

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont		_	_
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		12.	6,196,764.	COMPARABI	E S	ALES	
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 ►()							
26	Other ►()							
27	Other ►()							
	Other ►()							
29	Number of Forms 8283 received				20			
	which the organization completed I	-orm 8283,	Part V, Donee Acknowledge	ement	29		Yes	No
200	During the year did the organizat	ion roccius	hy contribution any propo	rty reported in Dort I line	o 1 through		162	NO
30a	During the year, did the organizat				_			
	28, that it must hold for at least the					30a		Х
L	to be used for exempt purposes for		ording period?			Jua		21
	If "Yes," describe the arrangement in Does the organization have a		tance nation that require	os the review of and	nonetanderd			
31	<u> </u>	•	· · · · · · · · · · · · · · · · · · ·	•		31	X	
222	contributions? Does the organization hire or use					31	- 25	
s∠a	_			•		322		Х
L	contributions?					32a		-25
	If "Yes," describe in Part II. If the organization didn't report an	amount in a	column (a) for a type of area	norty for which column (a)	vie chooked			
33	describe in Part II.	amount In C	ordinin (c) for a type of pro	perty for writeri column (a,	ъ спескец,			

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2**

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.

PART I, COLUMN (B)

THIS REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

GUTTMACHER INSTITUTE, INC.

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

THE AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING AND APPROVING THE

990 BEFORE SUBMISSION. IF THERE ARE ANY QUESTIONS, THEY ARE DISCUSSED

WITH THE TAX PREPARER AND RESOLVED TO THE COMMITTEE'S SATISFACTION.

ONCE THE AUDIT COMMITTEE HAS SIGNED OFF, THE 990 IS EMAILED TO ALL

BOARD MEMBERS AND THEY ARE ASKED TO CONFIRM THAT THEY HAVE RECEIVED

THE FORM 990.

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

OFFICERS, KEY EMPLOYEES AND DIRECTORS ARE REQUIRED TO REVIEW,

DISCLOSE POTENTIAL CONFLICTS, AND SIGN THE CONFLICT OF INTEREST

POLICY ANNUALLY. THE AUDIT COMMITTEE GATHERS ALL MATERIAL FACTS

CONCERNING ANY DISCLOSED CONFLICTS. THE INFORMATION IS PROVIDED TO

THE BOARD OF DIRECTORS FOR DELIBERATION. IF NECESSARY, THE BOARD

VOTES UPON THE APPROPRIATE ACTION WHILE THE INTERESTED PERSON IS

EXCUSED.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

AN EXECUTIVE COMPENSATION COMMITTEE, CONSISTING OF THE BOARD CHAIR, THE

FINANCE COMMITTEE CHAIR, AND THE IMMEDIATE PAST BOARD CHAIR, SETS

COMPENSATION FOR THE CEO AND REVIEWS COMPENSATION FOR ALL OTHER OFFICERS

(I.E. VICE PRESIDENTS). THESE INDIVIDUALS EXERCISE SUBSTANTIAL INFLUENCE

OVER THE AFFAIRS OF THE INSTITUTE AND ARE, AS SUCH, DISQUALIFIED PERSONS

WITHIN THE MEANING OF SECTION 4958(F)(1) OF THE INTERNAL REVENUE CODE.

Employer identification number 13-2890727

THE EXECUTIVE COMPENSATION COMMITTEE'S PRIMARY PURPOSE IS TO ENSURE THAT EXECUTIVE COMPENSATION PACKAGES REPRESENT REASONABLE REMUNERATION FOR THE SERVICES PREFORMED AND TO ENSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS. PRIOR TO THE OCTOBER BOARD MEETING, THE COMMITTEE REVIEWS COMPENSATION FOR SENIOR EXECUTIVES AT COMPARABLE NON-PROFIT ORGANIZATIONS, WITH STAFFING LEVELS AND BUDGETS ON PAR WITH THOSE OF THE INSTITUTE, AND WHICH CONDUCT ACTIVITIES SIMILAR IN SCOPE AND PURPOSE TO THOSE OF THE INSTITUTE, IN ORDER TO BENCHMARK OUR COMPENSATION PRACTICES FOR OFFICERS. THE COMMITTEE MAY ALSO REVIEW SURVEYS COMPILED BY INDEPENDENT FIRMS AND OTHER ORGANIZATIONS' PUBLIC DOCUMENTATION OF SALARY PRACTICES. THE COMMITTEE REPORTS ITS COMPENSATION DETERMINATIONS ANNUALLY TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS MUST APPROVE THE CEO COMPENSATION PACKAGE AND BE INFORMED OF THE COMPENSATION OF THE OTHER OFFICERS. THIS PROCESS FOR THE 2020 SALARIES WAS CONDUCTED IN OCTOBER 2019. SUBSEQUENTLY ANOTHER REVIEW WAS

FORM 990, PART VI, SECTION C, LINE 19

MEMBERS OF THE PUBLIC MAY REQUEST A COPY OF THE GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS BY PHONE, EMAIL

OR MAIL. COPIES OF THE REQUESTED DOCUMENTS ARE SENT TO THEM VIA THE

MEDIUM OF THEIR CHOICE.

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

DONE IN OCTOBER 2020 FOR THE 2021 SALARIES.

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization Employer identification number
GUTTMACHER INSTITUTE, INC. 13-2890727

CHANGE IN POSTRETIREMENT BENEFITS -87,025

FOREIGN EXCHANGE GAIN -81,086

TOTAL -168,111

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE GUTTMACHER INSTITUTE IS A LEADING RESEARCH AND POLICY

ORGANIZATION COMMITTED TO ADVANCING SEXUAL AND REPRODUCTIVE HEALTH

AND RIGHTS IN THE UNITED STATES AND GLOBALLY. THE INSTITUTE

ENVISIONS A WORLD IN WHICH ALL PEOPLE ARE ABLE TO EXERCISE THEIR

RIGHTS AND RESPONSIBILITIES REGARDING SEXUAL BEHAVIOR AND

REPRODUCTION FREELY AND WITH DIGNITY. THE INSTITUTE PRODUCES A WIDE

RANGE OF RESOURCES ON TOPICS PERTAINING TO SEXUAL AND REPRODUCTIVE

HEALTH AND RIGHTS, INCLUDING TWO PEER-REVIEWED JOURNALS

(PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH AND INTERNATIONAL

PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH), THE GUTTMACHER

POLICY REVIEW, AND A MULTITUDE OF REPORTS, ISSUE BRIEFS, FACT

SHEETS AND INFOGRAPHICS. ITS WEBSITE RECEIVES 7.7 MILLION PAGE

VIEWS ANNUALLY. GUTTMACHER IS THE RECIPIENT OF THE 2018 UN

POPULATION AWARD.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

RESEARCH: IN 2020, OUR RESEARCH TEAM GENERATED A WIDE RANGE OF TIMELY EVIDENCE, INCLUDING INFLUENTIAL RESEARCH ON THE IMPACT OF COVID-19 ON SEXUAL AND REPRODUCTIVE HEALTH. AT A TIME WHEN MANY ASSUMED THAT THE PANDEMIC WOULD LEAD TO A SPIKE IN BIRTH RATES,

Name of the organization $\label{eq:guttmacher} \mbox{GUTTMACHER INSTITUTE, INC.}$

Employer identification number 13-2890727

ATTACHMENT 2 (CONT'D)

OUR RESEARCH FORESHADOWED THE "BABY BUST" THAT HAS SINCE BEEN REPORTED EXTENSIVELY IN THE MEDIA AND BORNE OUT BY NATIONAL DATA ON BIRTHS. THIS STUDY ALSO HIGHLIGHTED THE DISPROPORTIONATE IMPACT OF THE PANDEMIC ON LOW-INCOME WOMEN, WOMEN OF COLOR, AND QUEER WOMEN AND MADE A COMPELLING CASE TO INCREASE ACCESS TO SAFETY-NET FAMILY PLANNING SERVICES TO ADDRESS THESE INEQUITIES. AT THE STATE LEVEL, WE ANALYZED THE POTENTIAL IMPACT OF ABORTION RESTRICTIONS THAT POLICYMAKERS SOUGHT TO IMPOSE DURING THE PANDEMIC AND DEEPENED COLLABORATIONS WITH STAKEHOLDERS TO ENSURE THAT WE COULD DELIVER POLICY-RELEVANT FINDINGS TO HELP INFORM STATE POLICY DEBATES. OUR PANDEMIC-RESPONSIVE RESEARCH ALSO INCLUDED AN EXTENSIVELY-CITED SET OF PROJECTIONS OF THE IMPACT OF COVID-19 ON REPRODUCTIVE HEALTH IN LOW- AND MIDDLE-INCOME COUNTRIES. THROUGH A COLLABORATION WITH THE WORLD HEALTH ORGANIZATION, WE PUBLISHED THE LATEST ROUND OF OUR GLOBAL, REGIONAL AND SUB-REGIONAL ESTIMATES OF UNINTENDED PREGNANCY AND ABORTION, THROUGH A WIDELY CITED ARTICLE IN THE LANCET GLOBAL HEALTH. WE ALSO RELEASED THE LATEST ITERATION OF OUR FLAGSHIP ADDING IT UP REPORT ON THE COSTS AND BENEFITS OF INVESTING IN SEXUAL AND REPRODUCTIVE HEALTH GLOBALLY, ALONG WITH THE ACCOMPANYING "JUST THE NUMBERS" ANALYSIS DOCUMENTING THE IMPACT OF U.S. INTERNATIONAL FAMILY PLANNING ASSISTANCE (WHICH WAS WIDELY CITED BY POLICYMAKERS AND ADVOCATES). GUTTMACHER RESEARCHERS PUBLISHED THE FINDINGS OF STUDIES IN A RANGE OF TOP-RATED PEER-REVIEWED JOURNALS AND IN SCIENTIFIC REPORTS AND OTHER PUBLICATIONS. BUILDING ON DECADES OF COLLABORATIVE WORK, WE

Employer identification number 13-2890727

ATTACHMENT 2 (CONT'D)

ALSO EXPANDED OUR PROGRAM OF RESEARCH CAPACITY-STRENGTHENING FOR ORGANIZATIONS IN A NUMBER OF COUNTRIES.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

COMMUNICATIONS AND PUBLICATIONS: THE INSTITUTE SHAPED AND INFORMED MEDIA COVERAGE AND PUBLIC DEBATE ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGHOUT 2020. WE STRATEGICALLY DISSEMINATED THE INSTITUTE'S EVIDENCE AND ANALYSES IN A RANGE OF FORMATS AND ACROSS A MULTITUDE OF PLATFORMS, TARGETING KEY STAKEHOLDERS AND INFLUENCERS INCLUDING ADVOCATES, HEALTH CARE PROVIDERS, POLICYMAKERS AND THEIR STAFF, MEDIA AND THE SCIENTIFIC COMMUNITY. AMONG THE RESULTS OF THESE OUTREACH EFFORTS WAS EXTENSIVE MEDIA COVERAGE IN HIGH-PROFILE NEWS OUTLETS, INCLUDING THE NEW YORK TIMES, WASHINGTON POST, THE GUARDIAN, NPR, REUTERS, POLITICO, NBC NEWS, AND CNN. THE INSTITUTE'S EXPERTS ALSO AUTHORED A NUMBER OF HIGH-IMPACT OP-EDS AND BLOG POSTS. FOR EXAMPLE, DR. PALACIO CO-AUTHORED AN OP-ED IN THE WASHINGTON POST THAT LAID OUT A SERIES OF EVIDENCE-BASED RECOMMENDATIONS FOR THE INCOMING BIDEN ADMINISTRATION; AND TWO OF OUR EXPERTS AUTHORED AN OP-ED IN THE COLORADO SUN THAT DOCUMENTED OUR ANALYSIS OF THE HARMFUL IMPACT OF A BALLOT AMENDMENT THAT WOULD HAVE RESTRICTED ACCESS TO ABORTION IN COLORADO (THE AMENDMENT WAS ULTIMATELY VOTED DOWN). WE INTENSIFIED OUR LONGSTANDING EFFORTS TO EQUIP US ADVOCATES WITH THE EVIDENCE-BASED RESOURCES NEEDED TO FIGHT BACK AGAINST

Name of the organization GUTTMACHER INSTITUTE, INC.

Employer identification number 13-2890727

ATTACHMENT 3 (CONT'D)

RESTRICTIVE POLICIES AND TO ADVANCE PROACTIVE POLICIES, AND WE WORKED CLOSELY WITH PARTNER ORGANIZATIONS IN LOW- AND MIDDLE-INCOME COUNTRIES TO STRENGTHEN THEIR CAPACITY TO EFFECTIVELY COMMUNICATE FOR EVIDENCE-BASED POLICY CHANGE WITHIN THEIR OWN COUNTRIES AND REGIONS.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

PUBLIC POLICY: THE INSTITUTE WORKED TO ADVANCE EVIDENCE-BASED POLICIES AT THE STATE, NATIONAL AND GLOBAL LEVELS. WE DID THIS BY MONITORING AND REPORTING ON TRENDS IN STATE POLICIES, PROVIDING CONGRESSIONAL TESTIMONY, ENGAGING IN EDUCATIONAL BRIEFINGS FOR POLICYMAKERS AND THEIR STAFF, PROVIDING THE FACTUAL FOUNDATION FOR LITIGATION, AND LEADING AND PARTICIPATING IN A RANGE OF FEDERAL COALITIONS. HIGHLIGHTS INCLUDED HELPING LAY THE EVIDENTIARY FOUNDATION FOR THE SUPREME COURT'S 5-4 DECISION TO STRIKE DOWN LOUISIANA'S LAW RESTRICTING THE PROVISION OF ABORTION SERVICES IN JUNE MEDICAL SERVICES V. RUSSO. IN A PAIR OF AMICUS BRIEFS, GUTTMACHER SCIENTISTS AND OTHER RESEARCHERS OUTLINED HOW LOUISIANA'S LAW WOULD UNDERMINE WOMEN'S EQUALITY AND THREATEN THEIR ECONOMIC SECURITY, HEALTH, SAFETY, AND AUTONOMY. OF THE 27 BRIEFS SUBMITTED TO THE SUPREME COURT, 16 CITED GUTTMACHER RESOURCES. LATER IN THE YEAR, GUTTMACHER CEO DR. HERMINIA PALACIO PROVIDED EXPERT TESTIMONY BEFORE THE U.S. HOUSE APPROPRIATIONS LABOR, HEALTH AND HUMAN SERVICES SUBCOMMITTEE ON THE HARMS OF THE

Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization

GUTTMACHER INSTITUTE, INC.

Employer identification number

13-2890727

ATTACHMENT 4 (CONT'D)

HYDE AMENDMENT. FINALLY, GUTTMACHER POLICY STAFF PLAYED A KEY ROLE IN PREPARING FOR THE INCOMING ADMINISTRATION AND CONGRESS TO LAY THE GROUNDWORK FOR IMPORTANT POLICY ACTIONS EARLY IN 2021, SUCH AS THE RESCINDING OF THE GLOBAL GAG RULE AND INCLUSION IN THE AMERICAN RESCUE PLAN ACT OF \$50 MILLION IN SUPPLEMENTAL FUNDS FOR THE TITLE X FAMILY PLANNING PROGRAM.

ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA,

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

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

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

ATTACHMENT 6

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NORC AT THE UNIVERSITY OF CHICAGO 55 EAST MONROE STREET CHICAGO, IL 60603	PRGRM SUBCONTRACTOR	934,406.
JOHN HOPKINS UNIVERSITY 3400 N CHARLES STREET BALTIMORE, MD 21218	PRGRM SUBCONTRACTOR	256,856.
SEWARD & KISSEL, LLP G BUILDING FLOOR 2 ROOM 211 WEST JAVA INDONESIA	LEGAL SERVICES	170,110.
PRODUCTION SOLUTIONS INC 1953 GALLOWS RD, SUITE 500 VIENNA, VA 22182	ACQUISITION MAILING	161,135.

Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization

GUTTMACHER INSTITUTE, INC.

Employer identification number

13-2890727

ATTACHMENT 6 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

ATEN WEBSITE TECH CONSULT 227,141.

3507 RINGSBY CT, NO 111 DENVER, CO 80216

ATTACHMENT 7

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
SUB-CONTRACTS	1,634,370.	1,634,370.		
CONSULTANTS	1,415,326.	1,110,397.		304,929.
TEMPORARY HELP	134,351.	105,405.		28,946.
RECRUITMENT COSTS	83,200.	65,275.		17,925.
TOTALS	3,267,247.	2,915,447.		351,800.