#### GUTTMACHER INSTITUTE, INC. FORM 990 TAX YEAR 2021

## **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

2021

Open to Public Inspection

AF	or th	ie 202	1 calendar year, or tax year beginning a	ana enaing	<u> </u>				
ъ.			C Name of organization		1	D Employer ide	ntifica	tion number	
ВС	heck if ap	oplicable:	GUTTMACHER INSTITUTE, INC.						
	Addre		Doing Business As			13-2890	727		
	7 '	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E	E Telephone nu	ımber		
	Initial	return	125 MAIDEN LANE, 7TH FLOOR			(212)24	18-1	.111	
	+	inated	City or town, state or province, country, and ZIP or foreign postal code			(=== /=			
	Amer	nded	NEW YORK, NY 10038		l	G Gross receipt	s \$	74,776,9	76
		cation	F Name and address of principal officer: MAUREEN BURNLEY		_	H(a) Is this a grou		<del>. — —</del>	No
	_ pendi	ing	125 MAIDEN LANE, 7TH FLOOR, NEW YORK, NY 10038			subordinates			No
_	Toy ov	omnt at				H(b) Are all subordi		(see instructions)	] 140
		empt st		527	─ .			,	
			WWW.GUTTMACHER.ORG	1		H(c) Group exemp			
		-	nization: X Corporation Trust Association Other ▶	L Year of f	ormatio	n: 1977 <b>M</b>	State o	f legal domicile:	NY
Pa	art I		mmary						
	1		$\prime$ describe the organization's mission or most significant activities: $\_$ $\_$ $\_$ $\_$ $\bot$			A_LEADING	RE	SEARCH	
၁င			POLICY ORGANIZATION COMMITTED TO ADVANCING SEX						
.ua		REPI	RODUCTIVE HEALTH AND RIGHTS IN THE UNITED STATE	S AND G	LOBA	LLY.			
Governance	2		this box 🕨 🔛 if the organization discontinued its operations or disposed of			1	- 1		
	3		er of voting members of the governing body (Part VI, line 1a)				3		31
ος v	4		er of independent voting members of the governing body (Part VI, line 1b)				4		31
ij	5	Total	number of individuals employed in calendar year 2021 (Part V, line 2a)				5	1	45
Activities &	6	Total	number of volunteers (estimate if necessary)				6		31
ĕ	7a	Total	unrelated business revenue from Part VIII, column (C), line 12				7a		
			nrelated business taxable income from Form 990-T, line 34				7b		
						Prior Year		Current Year	
Revenue	8	Contri	ibutions and grants (Part VIII, line 1h)	<del></del>	1	L8,034,03	2.	33,703,4	42.
	9	Progra	om service revenue (Part VIII line 2d)	- 1		46,420.		29,7	28.
	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)	PECTION		1,214,542.		3,693,59	95.
~	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			45,56	_	32,7	
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1	L9,340,56		37,459,52	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				NE		ONE
	14		its paid to or for members (Part IX, column (A), line 4)				NE		ONE
"	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,715,266.			17,819,5		
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)		NONE				ONE
ber .	h	Total	fundraising expenses (Part IX, column (D), line 25) 1,510,991			110	7112		
ы	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,958,57	Ω	9,065,59	
	18		expenses (Part IX, Column (A), lines Tra-Tru, TT124e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			27,673,84	_	26,885,1	
	19					-8,333,28		10,574,3	
- S		Kevei	nue less expenses. Subtract line 18 from line 12			ing of Current Y	_	End of Year	13.
Net Assets or Fund Balances	20	T-4-1	accepts (Part V. Bara 40)	-			_		<del></del>
SSE	20		assets (Part X, line 16)			71,778,82		76,905,6	
nd A	21		liabilities (Part X, line 26)			21,131,93		16,658,85	
			ssets or fund balances. Subtract line 21 from line 20			50,646,88	8.	60,246,83	18.
	rt II		gnature Block						<del></del>
true	der pei e, corre	naities c ect, and	of perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which	s and stateme preparer has	ents, and any kno	a to the best of wledge.	ту кг	nowleage and belief,	IT IS
		١.							
Sig	n		Signature of officer			Date			
He			Signature of officer			Date			
			Type or print name and title	I D-4			1 =-	FINI	
Paic	4	Print/	Type preparer's name Preparer's signature	Date	0000	Check	"	ΠN	
	parer	AAR	ON SHAPIRO	08.18.2	2022	self-employed p		01333816	
	Only	Firm's	sname ► FORVIS, LLP		F	Firm's EIN	44	-0160260	
		Firm's	address > 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036		F	Phone no.	21	2-867-4000	
May	the I	RS dis	cuss this return with the preparer shown above? (see instructions)	<u> </u>				X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.					Form <b>990</b> (2	021)

Form 990 (2021) Page **2** 

Ρĕ	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	Х
	riefly describe the organization's mission:	21
	EE SCHEDULE O	
2	id the organization undertake any significant program services during the year which were not listed on the	
		No
3	id the organization cease conducting, or make significant changes in how it conducts, any program ervices?	] No
4	"Yes," describe these changes on Schedule O. escribe the organization's program services, as measure spenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
	Code:) (Expenses \$13,947,375. including grants of \$) (Revenue \$)  EE SCHEDULE O	
	Code:        ) (Expenses \$5,585,657.         including grants of \$) (Revenue \$29,728.	
40	Code: (Expenses \$ 2,108,464. including grants of \$ ) (Revenue \$ )	
	EE SCHEDULE O	
	ther program services (Describe on Schedule O.)  Expenses \$ including grants of \$ ) (Revenue \$ )  otal program service expenses \$\infty\$ 21,641,496.	

Form 990 (2021)
Part IV Page 3

Part	V 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	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? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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,"			ĺ
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			ĺ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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)		V	Na
00	Did the consider sometimes that OF 000 of ments or other conjectures to be for demonstrative individuals or	$\overline{}$	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		- 21	
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	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 the Schedule L,			71
	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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del> <sub>1</sub>		No
4 -	Enter the number reported in box 2 of Form 1006. Enter 0 if not applicable		Yes	NO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 151020			990	(2021)
1E1030	83770G V01B <b>08/17/2022 15:26:32</b> V21-6.3F 1181660			/

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
	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 145							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
~	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
	<b>a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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		Х				
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							
	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	_						
	required to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	_						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
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?. •	711						
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8						
9	sponsoring organization have excess business holdings at any time during the year?							
	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							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
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							
13	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	1.4-		V				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v				
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		X				
16		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.			23				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.							

Form 9	990 (2021) GUTTMACHER INSTITUTE, INC.	13	3-28907	27	Page 6
Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 thr response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of Check if Schedule O contains a response or note to any line in this Part VI	on Sche	dule O. Se	e instru	ctions.
Sect	ion A. Governing Body and Management				X
				Yes	No
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.	1a	31		
h	Enter the number of voting members included on line 1a, above, who are independent	1b	31		

b	Enter the number of voting members included on line 1a, above, who are independent	1b	31						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship	with						
_	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to e								
·u	one or more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval								
	stockholders, or persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions und								
Ü	the year by the following:	eriakeri ut	iiiig						
•	The governing body?			8a	Х				
a	Each committee with authority to act on behalf of the governing body?			8b	X				
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot								
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte			-	)				
	ion 2.1 Choice (Thie coolen B requeste information about policies not required by the inte	<i>3111</i> (311)	27700		Yes	No			
100	Did the organization have lead chapters branches or affiliates?			10a		Х			
	Did the organization have local chapters, branches, or affiliates?								
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	-		10b					
110	•	=		11a	Х				
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling the form	11.						
120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests		give	12b	Х				
_	rise to conflicts?		V "		- 21				
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-		12c	Х				
42	describe on Schedule O how this was done			13	X				
13	Did the organization have a written whistleblower policy?			14	X				
14	Did the organization have a written document retention and destruction policy?				21				
15	Did the process for determining compensation of the following persons include a review and an analysis and analysis and an ana		- 1						
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	Х				
a	The organization's CEO, Executive Director, or top management official			15b	X				
b	Other officers or key employees of the organization		• •	135					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	_		16a		Х			
_	with a taxable entity during the year?			ıva		Λ			
b	<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?			16h					
Soct	ion C. Disclosure			16b					
	List the states with which a copy of this Form 200 is required to be filed SEE SCHEDILE O								
47	I let the etatee with which a convict this Form 000 is required to be tiled ▶ ≥ 5°° ≥ ≥ 0. □ ° ∪ ∪ 1°° ∪								

17	List the states with which a copy of this Form 990 is required to be filed ▶	SEE	SCHEDULE	O

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)

- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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 20

Form **990** (2021)

#### 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	erson	e than of is both tor/trust employee	an	(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						۵				
(1) HERMINIA PALACIO	35.00									
PRESIDENT & CEO	NONE			Х				351,682.	NONE	57,793.
(2) SUSHEELA SINGH	35.00			21				331,002.	110111	31,175.
DISTINGUISHED SCHOLAR & VP FOR	NONE				X			322,400.	NONE	65,062.
(3) JONATHAN WITTENBERG	35.00							322,233		
EXECUTIVE VICE PRESIDENT	NONE			Х				267,286.	NONE	59,885.
(4) ALETHA AKERS	35.00							,		
VP FOR RESEARCH	NONE				X			295,552.	NONE	22,863.
(5) MAIBE PONET	35.00									
VP FOR COMMUNICATIONS & PUBLIC	NONE			Х				237,780.	NONE	56,331.
(6) MAUREEN BURNLEY	35.00									
VP FOR FINANCE AND ADMINISTRAT	NONE			Χ				245,405.	NONE	48,661.
(7) KATHYRN KOST	35.00									
DIRECTOR OF DOMESTIC RESEARCH	NONE					X		237,573.	NONE	50,718.
(8) HEATHER BOONSTRA	35.00									
VP FOR PUBLIC POLICY	NONE			Χ				238,491.	NONE	46,231.
(9) KATHLEEN RANDALL	35.00									
DIRECTOR OF PRODUCTION	NONE					Х		211,475.	NONE	45,284.
(10) LAURA LINDBERG	35.00									
PRINCIPAL RESEARCH SCIENTIST	NONE					X		189,978.	NONE	55,122.
(11) ANN BIDDLECOM	35.00									
DIRECTOR OF INTERNATIONAL RESE	NONE					X		218,473.	NONE	23,520.
(12) JENNIFER FROST	35.00									
PRINCIPAL RESEARCH SCIENTIST	NONE					X		206,829.	NONE	29,915.
(13) WENDY SEALEY	35.00									
VP DEVELOPMENT	NONE			X			-	74,205.	NONE	8,992.
(14) SILVIA HENRIQUEZ	2.00									
BOARD CHAIR	NONE	X		Χ				NONE	NONE	NONE 990 (2021)

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_	2070727	
		Page <b>8</b>

Part VII So	ection A. Officers, Directors, Tru	ustees, Ke	y En	nplo	oye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
	(A)	(B)			(	C)			(D)	(E)	(F)
	Name and title	Average				sition			Reportable	Reportable	Estimated
		hours per week (list any	,	(do not check more than o box, unless person is both					compensation from	compensation from related	amount of other
		hours for			d a c		tor/trust	ee)	the	organizations	compensation
		related	Indi or d	Inst	Officer	Key	Highest compensated employee	Forme	organization	(W-2/1099-MISC)	from the
		organizations below dotted	vidu	iti	cer	emp	nest	ner	(W-2/1099-MISC)		organization and related
		line)	Individual trustee or director	Institutional trustee		Key employee	com				organizations
			uste	trus		ď	pen				
			u u	tee			sate				
/ 15 \ TOIL III	IDMED ZELLMED	1 05					<u> </u>				
	URNER ZELLNER	1.25	37		3.7				NONE	NONTH	NIONIE
	PAST CHAIR	NONE	X		Х				NONE	NONE	NONE
( 16) ERNES'		1.25	3.7		3.7				NONE	NONTH	NIONIE
VICE CHAIR		NONE	X		X				NONE	NONE	NONE
( 17) MICHAI	FT VTFIN	1.00	- 7		Х				NONE	NIONIE	NIONIE
TREASURER ( 18) PAMEL	A MEDDITTT	1.25	X		Δ				NONE	NONE	NONE
SECRETARY	A MERRIII	NONE	x		Х				NONE	NONE	NONE
( 19) LAURA	DUTITOS	1.00			Λ				NONE	NONE	NOME
	VANCE COMMITTEE	NONE	x						NONE	NONE	NONE
	FRELICH APPLETON	1.10							NOINE	I IVOILE	NOME
	MINATING & GOVERNANCE	NONE	X						NONE	NONE	NONE
( 21) LIDA		0.90	21						INOINE	NONE	NOINI
	DIT COMMITTEE	NONE	X						NONE	NONE	NONE
( 22) CYNTH		1.10	- 21						110111	, IVOIVE	110111
	MINATING & GOVERNANCE	NONE	X						NONE	NONE	NONE
( 23) LAURA		1.00							110112		1,01,1
	/ELOPMENT COMMITTEE	NONE	X						NONE	NONE	NONE
( 24) ALAN (		0.80									
MEMBER AT		NONE	X						NONE	NONE	NONE
	HA JESUDASON	1.00								-	
MEMBER AT		NONE	X						NONE	NONE	NONE
1b Sub-total								<b></b>	3,097,129.	NONE	570,377.
	n continuation sheets to Part VII, S							<b>•</b>	NONE	NONE	NONE
	l lines 1b and 1c)	-						<b>&gt;</b>	3,097,129.	NONE	570,377.
	ber of individuals (including but not							o re	eceived more than	\$100,000 of	
reportable	compensation from the organization	n 🕨					54				
											Yes No
3 Did the	organization list any former offic	er, directo	r, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated	
employee	on line 1a? If "Yes," complete Schede	ule J for su	ch ina	livid	ual						3
4 For any ir	ndividual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satio	n a	nd other compens	sation from the	
	on and related organizations gre										
											4
	erson listed on line 1a receive or										
	s rendered to the organization? If "Ye	es," comple	te Scl	nedu	ıle .	J for	such	per	rson		5
Section B Inc	Janandant Contractors										

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

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

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

Part VII Section A. Officers, Directors, Tru (A)	(B)	ĺ		(0				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles r and	Posi neck ss per	ition more rson irect	than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	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)	from the organization and related organizations
26) CONSTANCE MAO	0.90									
MEMBER AT LARGE	NONE	Х						NONE	NONE	NONE
27) ERIN ARMSTRONG	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
28) GAIL BAITY	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
29) KETAYOUN DARVICH-KODJOURI	0.35									
DIRECTOR	NONE	Х						NONE	NONE	NONE
30) ERICA DUIGNAN MINNIHAN	0.60									
DIRECTOR	NONE	Х						NONE	NONE	NONE
31) CYNTHIA FIELDS	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
32) KIERRA JOHNSON	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
33) BENJAMIN KAHRL	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
34) JANE LEUNG	0.70									
DIRECTOR	NONE	Х						NONE	NONE	NONE
35) MUGDHA MOKASHI	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
36) MELISSA MURRAY	0.25									
DIRECTOR	NONE	Х						NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	d at	OOVE	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 Sched										3

#### **Section B. Independent Contractors**

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

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

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

Part VII Section A. Officers, Directors, Tro	ustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)	Page <b>8</b>
(A)	(B)			(0	C)			(D)	(E)	(F	·)
Name and title	Average hours per week (list any	box,	unles	neck ss pe	rson	e than o	an	Reportable compensation from	Reportable compensation from related	Estim amou oth	ınt of
	hours for related organizations below dotted line)	Ind or c	an Institutional trustee	a Officer	Key employee	ruste Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comper from organi: and re organiz	the zation elated
37) JOTHAM MUSINGUZI	0.50										
DIRECTOR	NONE	Х						NONE	NONE		NONE
38) DANIEL PELLEGROM	0.60										
DIRECTOR	NONE	Х						NONE	NONE		NONE
39) JESSICA PINCKNEY GIL	0.25										
DIRECTOR	NONE	Х						NONE	NONE		NONE
40) NOZER SHERIAR	0.70										
DIRECTOR	NONE	Х						NONE	NONE		NONE
41) BARBARA SINGHAUS	0.90										
DIRECTOR	NONE	X						NONE	NONE		NONE
42) DENISE SPILLANE	0.70										
DIRECTOR	NONE	X						NONE	NONE		NONE
43) PAUL VAN LOOK	0.25										
DIRECTOR	NONE	X						NONE	NONE		NONE
44) ALLANA WELCH	0.25										
DIRECTOR	NONE	X						NONE	NONE		NONE
1b Sub-total			• • •				<b>&gt;</b>				
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)											
2 Total number of individuals (including but not	limited to t						re	ceived more than	\$100,000 of		
reportable compensation from the organizatio										v	es No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	X
										3	^
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. If	"Yes	,"	complete Schedu	le J for such	4	х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	Х
Section B. Independent Contractors	,					22.0.7	,1				
Complete this table for your five highest com- compensation from the organization. Report of year.											

(A) SEE SCHEDULE O 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 ► 5

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#### Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respo	nse or note to an	y 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
ស ស	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ច្ចឱ្យ		Fundraising events						
Ŋ.	C							
≣ੂਰੋ	d	Related organizations		2 062 022				
<u>3,5</u>	е	Government grants (contribu	,	3,963,933.				
ဥ်လ	f	All other contributions, gifts,	-					
ᅙᇎ		and similar amounts not include	ed above . 1f	29,739,509.				
<u></u> ₹5	g	Noncash contributions inclu-	ded in					
50		lines 1a-1f	1g	\$ 7,528,765.				
ပ ဧ	h	Total. Add lines 1a-1f		<u> ▶</u>	33,703,442.			
				Business Code				
<u>ප</u>	2a	PUBLICATIONS		900099	29,728.	29,728.		
<u>_</u> 6 €	b							
מַבֵּוֹ	С							
eve	d							
کھ	e							
Program Service Revenue	f	All other program service rev	/enue					
	g	Total. Add lines 2a-2f		<b>_</b>	29,728.			
	3	Investment income (include						
	3	,	-		575,899.			575,899.
	4	other similar amounts) Income from investment of			NONE			,
	4 5	Royalties			17,247.			17,247.
	3	Noyalles I I I I I I I	(i) Real	(ii) Personal	11,211.			17,247.
	0 -	0	(1) 1 1001	() 1 0.001.0.				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	NON	-				
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	40,435,149					
ne	b	Less: cost or other basis						
en		and sales expenses 7b	37,317,453					
Revenue	С	Gain or (loss) 7c	3,117,696					
	d	Net gain or (loss)	· · · · · · <u>· · ·</u>		3,117,696.			3,117,696.
Other	8a	Gross income from f	fundraising					
0		events (not including \$						
		of contributions reported	on line					
		1c). See Part IV, line 18	8a	NONE				
	b	Less: direct expenses		NONE				
	С	Net income or (loss) from fu			NONE			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19	• •	NONE				
	b	Less: direct expenses		NONE				
	C	Net income or (loss) from g			NONE			
	10a	Gross sales of invent						
		returns and allowances	•	NONE				
	h	Less: cost of goods sold		NONE				
	b C	Net income or (loss) from sa			NONE			
,_				Business Code	1,011			
scellaneous Revenue	4.4	OTHER		900099	15,511.			15,511.
Jue le	11a	OTHER.		200033	13,311.			13,511.
Ve la	b							+
Re	8 c							+
Ĕ	d	All other revenue			15 511			
		Total revenue See instruction			15,511.	22		2 725 777
	12	Total revenue. See instruction	ons	🕨	37,459,523.	29,728.		3,726,353.

13-2890727

#### 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 line	in this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors,				
	trustees, and key employees	2,398,619.	1,455,962.	659,620.	283,037.
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	11,438,268.	9,456,021.	1,537,958.	444,289.
	Pension plan accruals and contributions (include	1,169,947.	963,548.	159,925.	46,474
	section 401(k) and 403(b) employer contributions)	1 004 150	1 405 565	064.055	01 620
	Other employee benefits	1,834,152.	1,487,567.	264,955.	81,630
	Payroll taxes	978,573.	776,063.	152,842.	49,668
	Fees for services (nonemployees):				
	Management	NONE	100 010	0.000	
	Legal	109,817.	100,819.	8,998.	
	Accounting	85,911.	0 520	85,911.	
	Lobbying	9,539.	9,539.		
	Professional fundraising services. See Part IV, line 17.	NONE		125 004	
	Investment management fees	135,884. SEE SCHE O		135,884.	
	Other. (If line 11g amount exceeds 10% of line 25, column		A 60E 70A		262 400
	(A), amount, list line 11g expenses on Schedule O.)	5,049,264. NONE	4,685,784.		363,480.
	Advertising and promotion	487,414.	318,135.	115,969.	53,310
	Office expenses	471,334.	229,856.	218,210.	23,268
	Information technology	NONE	229,030.	210,210.	23,200
	Royalties	1,548,900.	1,281,866.	182,793.	84,241
	Occupancy	17,802.	8,756.	8,576.	470
	Travel Payments of travel or entertainment expenses	17,002.	0,750.	0,570.	170
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	114,532.	56,331.	55,174.	3,027
	Interest	NONE	30,331.	55,11.	3,021
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	726,441.	576,465.	113,082.	36,894
	Insurance	178,528.	147,749.	21,069.	9,710
	Other expenses. Itemize expenses not covered	, , , , ,	,	,	- ,
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PRINTING AND ARTWORK	38,014.	29,210.		8,804
	MISCELLANEOUS	92,211.	57,825.	11,697.	22,689
С					·
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	26,885,150.	21,641,496.	3,732,663.	1,510,991.
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				
1	following SOP 98-2 (ASC 958-720)				

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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	79,686.	1	97,457.
	2	Savings and temporary cash investments	19,551,204.	2	22,434,548.
	3	Pledges and grants receivable, net	5,889,703.	3	10,566,327.
	4	Accounts receivable, net	656,082.	4	54,435.
	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	NONE	5	NONE
	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)	NONE	6	NONE
ets	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
⋖	9	Prepaid expenses and deferred charges	254,170.	9	342,924.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 19,461,477.			
		Less: accumulated depreciation	9,484,084.	10c	8,958,370.
	11	Investments - publicly traded securities	28,566,819.	11	28,408,974.
	12	Investments - other securities. See Part IV, line 11	336,312.	12	NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	6,960,760.	15	6,042,640.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	71,778,820.	16	76,905,675.
	17	Accounts payable and accrued expenses	1,522,987.	17	1,583,928.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	310317		NONE
Ë		controlled entity or family member of any of these persons	NONE		NONE
	23	Secured mortgages and notes payable to unrelated third parties	8,339,078.	23	7,856,990.
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	3,043,300.	24	NONE
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0 226 567	25	7 217 020
	26	Total liabilities. Add lines 17 through 25	8,226,567. 21,131,932.		7,217,939. 16,658,857.
	26	Organizations that follow FASB ASC 958, check here ► X	21,131,932.	20	10,030,037.
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	18,704,979.	27	22,852,296.
Ва	28	Net assets with donor restrictions	31,941,909.	28	37,394,522.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶	32/312/3031		3.732173221
ō	29	and complete lines 29 through 33.  Capital stock or trust principal, or current funds		20	
ets	29 30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
SS	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
ř.	32	Total net assets or fund balances	50,646,888.	32	60,246,818.
Ne	33	Total liabilities and net assets/fund balances	71,778,820.	33	
	55	Total havinges and het assets/fully balatices, , , , , , , , , , , , , , , , , , ,	11,110,020.	აა	76,905,675.

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<b>Part</b>	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	3	7,4	159,	523
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	6,8	385,	<u> 150</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1	0,5	574,	373
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	0,6	546,	888
5	Net unrealized gains (losses) on investments	5		1,1	_77,	915
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2	203,	<u>472</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	6	0,2	246,	818
2 3 4 5 6 7 8 9 10 Part X	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	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 com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	ı a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Single Audit Act and OMB Circular A-133?			3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	.he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits .		3b	X	

#### SCHEDULE A (Form 990)

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

GU'	$\Gamma TM$	ACHER INSTITUTE, IN	C.				13-28	890727
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instructions	S.
The	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 descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	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 <b>section 170(b</b>	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ited to its exempt facent income and u	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (les	s; and (2) no more thar s section 511 tax) from	331/3 % of its
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	sively for the benefit of	f, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	•					
	_	the box on lines 12a throug	ıh 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 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>`</b>	You must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ						ly integrated with,
		its supported organizatior	n(s) (see instruction	ns). <b>You must comple</b>	te Part I	V, Section	ons A, D, and E.	
d					-			
		that is not functionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		oxdot Check this box if the orga					,, ,,,	I, Type III
		functionally integrated, or			_	-		
f		ter the number of supported						
g		ovide the following information	1		I			
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	· ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
E)								
Tota	al							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,837,307.	9,909,078.	17,411,971.	18,034,032.	33,703,442.	95,895,830.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	16,837,307.	9,909,078.	17,411,971.	18,034,032.	33,703,442.	95,895,830.
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)						33,411,714.
6	Public support. Subtract line 5 from line 4						62,484,116.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,837,307. 371,690.	9,909,078. 751,326.	17,411,971. 771,265.	18,034,032. 526,871.	33,703,442. 593,146.	95,895,830. 3,014,298.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . SEE SUPP PAGE	47,811.	25,996.	207,690.	14,057.	15,511.	311,065.
11	Total support. Add lines 7 through 10						99,221,193.
12	Gross receipts from related activities, etc. (s	,				12	203,504.
13	First 5 years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	-		_	44		14	62.97 <b>%</b>
14 15	Public support percentage for 2021 (li Public support percentage from 2020		•			15	63.69 %
	331/3% support test - 2021. If the org						
IVa	box and <b>stop here.</b> The organization q	=					
h	331/3% support test - 2020. If the organization q			_			
~	this box and <b>stop here.</b> The organization	=					
17a	10%-facts-and-circumstances test - 2	-		-			
	10% or more, and if the organization	_					
	Part VI how the organization meets					-	-
	organization			•	·	• •	
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets					-	
	organization			_		-	
18	Private foundation. If the organization						
	instructions						

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 0047	(h) 0040	(2) 0040	(4) 0000	(2) 2021	(E) T-1 1
Caler	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
15	Public support percentage for 2021 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment	t Income Perd	centage				
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the or	ganization did r	not check the bo	ox on line 14, ar	nd line 15 is me	ore than 331/3 %	, and line
	17 is not more than 331/3 %, check this	s box and <b>stop</b>	here. The orga	nization qualifies	as a publicly su	upported organiza	ation ►
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than $331/3\%$ , check						
20	Private foundation If the organization of	did not check	a how on line '	1 10a or 10h	check this ho	v and see instru	ictions -

#### 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.** 
  - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **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.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g by			
	1		
is ed			
	2		
er	3a		
d e			
	3b		
3)			
	3с		
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n d			
	10a		
to	10b		

Part	Supporting Organizations (continued)			- 0 -
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
30011	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sacti	on C. Type II Supporting Organizations	2		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
_	Did the consideration of the transfer of the constant of the c		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
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 in	structi	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 <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		r –
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
h	·			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h	I	ı

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	5	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	•		,
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		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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		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		
	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	-	5		
6		6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).		ted Type III supporting	g organization

Schedule A (Form 990) 2021

Sched	ule A (Form 990) 2021		Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	ued)	
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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

SCHEDULE A, PART II - OTHER INCO	ME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER	47,811.	25,996.	207,690.	14,057.	15,511.	311,065.
_						
TOTALS	47,811.	25,996.	207,690.	14,057.	15,511.	311,065.

Part VI

# Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization GUTTMACHER INSTITUTE, INC 13-2890727 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

GUTTMACHER INSTITUTE, INC.

Employer identification number 13-2890727

Part I	Contributors	(see instructions)	Use duplicate co	nies of Part Lif	additional space is	needed
	Continuation	(000 111011 40110110).	Coo aapiicate co	pico oi i aitiii	additional opaco io i	iocaca.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$3,896,841.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$1,500,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$1,059,262.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$1,029,827.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

	GUTTMACHER INSTITUTE, INC.		13-2890727
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	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
8	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
9	N/A	\$\$933,294.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	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.)

Name of organization Employer identification number

GUTTMACHER INSTITUTE, INC. 13-2890727

Part II	Noncash Property	(see instructions). Use of	luplicate copies of Part II it	additional space is needed.
al t II	140116a3111 10pcity	1300 11311 401101137. 030 0	idplicate copies of i art if if	additional space is necessar.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES		
		\$	11/30/2021
(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
		\$	
			Calcadula B (Farm 000) (2024)

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

## **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

lf

► 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

<ul> <li>Section 501(c)(3) organizations</li> </ul>	: Complete Parts I-A and B. Do not compl	ete Part I-C.		
<ul> <li>Section 501(c) (other than sect</li> </ul>	ion 501(c)(3)) organizations: Complete F	Parts I-A and C below. [	Oo not complete Part I-B.	
<ul> <li>Section 527 organizations: Com</li> </ul>	nplete Part I-A only.			
,	on Form 990, Part IV, line 4, or Form	, ,	, , ,	
, , , , -	s that have filed Form 5768 (election un	, ,,	•	•
	s that have NOT filed Form 5768 (election			
Tax) (See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
• Section 501(c)(4), (5), or (6) org	ganizations: Complete Part III.			
Name of organization				ntification number
GUTTMACHER INSTITUTE,			13-2	890727
_	organization is exempt under			
1 Provide a description of t	the organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions for
definition of "political camp				
	expenditures. See instructions			
3 Volunteer hours for political	I campaign activities. See instruction	ns		
Part I-B Complete if the	organization is exempt under s	section 501(c)(3).		
1 Enter the amount of any ex	cise tax incurred by the organizatio	n under section 495	5,,,,,, ▶\$	
2 Enter the amount of any ex	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
3 If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes No
<b>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if the	organization is exempt under	section 501(c), ex	cept section 501(c)(3	3).
	expended by the filing organization			
2 Enter the amount of the fili	ng organization's funds contributed ies	to other organization	ons for section	
3 Total exempt function exp	enditures. Add lines 1 and 2. Ent	er here and on For	m 1120-POL,	
<ul> <li>Did the filing organization fi</li> <li>Enter the names, addresses organization made paymen the amount of political con</li> </ul>	le Form 1120-POL for this year? s and employer identification numb its. For each organization listed, en itributions received that were prom nd or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiz I from the filing organiz livered to a separate po	Yes No No ations to which the filing ration's funds. Also enter blitical organization, such
<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				

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

Schedule C (Form 990) 2021

(6)

T	Lobbying nontaxable amount. Enter th			
	columns.	1,000,000.		
	If the amount on line 1e, column (a) or (b) is:			
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	250,000.		
h	Subtract line 1g from line 1a. If zero or le			
i	Subtract line 1f from line 1c. If zero or le			

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total				
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.				
С	Total lobbying expenditures	10,709.	8,901.	19,876.	9,539.	49,025.				
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f	Grassroots lobbying expenditures									

Schedule C (Form 990) 2021

No

Yes

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

	(**************************************					
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)		
	cription of the lobbying activity.	Yes	No	Am	ount	
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)?.			-		
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
ï	Other activities?					
i	Total. Add lines 1c through 1i					
2а	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					
С	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?			_		
Pa	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	163	140
2	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?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro					
Pa	t 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"	OR (k	) Pa	rt III-A, lind	e 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts (	of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b 2c		
C	Total			3		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible le					
	and political expenditure next year?	Jobyn	'9	4		
5	Taxable amount of lobbying and political expenditures. See instructions	<u> </u>	<u> </u>	5		
	t IV Supplemental Information					
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	up list	t); Part II-A,	lines 1	and
2 (S	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

#### Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number GUTTMACHER INSTITUTE, INC. 13-2890727 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6

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

and section 170(h)(4)(B)(ii)?

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

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

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

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

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

Schedule D (Form 990) 2021

8

Sche	dule D (Form 990) 2021 GUTT	MACHER INSTIT	TUTE, INC.			13-289072	27 Page <b>2</b>
Pa	rt III Organizations Maintainin			reasures, or	Other Similar A		
3	Using the organization's acquisition	-				•	
	collection items (check all that apply			,	· ·	J	
а	Public exhibition		d Loai	n or exchange	program		
b	Scholarly research		e Othe		. 0		
С	Preservation for future genera	tions					
4	Provide a description of the organiz		and explain how	they further	the organization	's exempt purpo	se in Part
	XIII.		'	,	J		
5	During the year, did the organization	solicit or receive d	onations of art, hi	storical treasur	es, or other simil	ar	
	assets to be sold to raise funds rathe						s No
Pa	art IV Escrow and Custodial Arr		,	<u> </u>			
	Complete if the organizati 990, Part X, line 21.		s" on Form 990	Part IV, line	9, or reported a	n amount on F	orm
1a	Is the organization an agent, truste	e, custodian or ot	her intermediary	for contribution	ons or other ass	ets not	
	included on Form 990, Part X?					Yes	s 🔲 No
b	If "Yes," explain the arrangement in						
						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 amo	unt on Form 990, I	Part X, line 21, for	escrow or cus	stodial account lia	ability? Yes	No No
b	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the explanati	on has been pro	ovided on Part XIII	<u> </u>	
Pa	rt V Endowment Funds.						
	Complete if the organizati	on answered "Ye	s" on Form 990	Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three y	ears back (e) Fou	ur years back
1a	Beginning of year balance	8,833,429.	7,888,871.	6,487,93	15. 7,15	51,837. 6	,200,727.
b	Contributions						
С	Net investment earnings, gains,						
	and losses	1,070,119.	1,207,790.	1,650,46	5442	28,239. 1	,169,827.
d	Grants or scholarships						
е	0.1 11: 1 11:1						
	and programs	258,324.	263,232.	249,50	08. 23	35,683.	218,717.
f	Administrative expenses						
g	End of year balance	9,645,224.	8,833,429.	7,888,87	71. 6,48	37,915. 7	,151,837.
2	Provide the estimated percentage o	f the current year e	end balance (line 1	g, column (a)) l	neld as:		
а	Board designated or quasi-endowme	nt ▶	_%				
b	Permanent endowment ► 53.35	00_%					
С	Term endowment ► 46.6500 %						
	The percentages on lines 2a, 2b, an	·					
_	Are there endowment funds not in th	e possession of th	e organization that	at are held and	administered for	the	
3a	Are there endowment funds not in the						Yes No
3a	organization by:						
3a						3a(i)	Х
	organization by: (i) Unrelated organizations (ii) Related organizations					3a(ii)	
	organization by:  (i) Unrelated organizations  (ii) Related organizations	l organizations liste	d as required on S	chedule R?			
b 4	organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us	I organizations listed es of the organization	d as required on S	chedule R?		3a(ii)	
b 4	organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us	I organizations listeres of the organizations	d as required on S ion's endowment	chedule R?		3a(ii)	X
b 4	organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us	I organizations listeres of the organization pment. ion answered "Yealing Cost or listered"	d as required on S cion's endowment es" on Form 990 other basis (b) Co	chedule R?		3a(ii)	ne 10.
b 4 Pa	organization by:  (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us  Land, Buildings, and Equi Complete if the organizate  Description of property	I organizations listeres of the organization pment. ion answered "Yeal (a) Cost or (invest)	d as required on S cion's endowment es" on Form 990 other basis (b) Co	chedule R? funds. , Part IV, line	11a. See Form	3a(ii) 3b 990, Part X, lii	ne 10.
b 4 Pa	organization by:  (i) Unrelated organizations (ii) Related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us Complete if the organizate Description of property  Land, Buildings, and Equing Complete if the organizate Description of property	l organizations listeres of the organization pment. ion answered "Ye (a) Cost or (invest	d as required on S cion's endowment es" on Form 990 other basis (b) Coment)	chedule R? funds.  , Part IV, line st or other basis (other)	11a. See Form (c) Accumulated depreciation	3a(ii) 3b 990, Part X, lii (d) Book v	ne 10.
b 4 Pa 1a b	organization by:  (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us  Land, Buildings, and Equi Complete if the organizate  Description of property	I organizations lister es of the organizat pment. ion answered "Ye (a) Cost or (invest	d as required on S tion's endowment es" on Form 990 other basis (b) Coment)	chedule R?	11a. See Form (c) Accumulated	3a(ii) 3b 1 990, Part X, lii (d) Book v	ne 10.

3,323,648.

1,769,962.

2,892,697.

1,576,336.

8,958,370. Schedule D (Form 990) 2021

430,951.

193,626.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment......

Schedule D (Form 990) 2021 GUTTMACHER INS	TITUTE, INC.	13	-2890727 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valuation  Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Part VIII Investments - Program Related.			
Complete if the organization answered	l "Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation	
(a) Description of investment	(b) Book value	Cost or end-of-year marke	
(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.	L    \	D. (1)/ 1: 44   0   5   000	D. 4 V. P. 4 4 5
Complete if the organization answered		, Part IV, line 11d. See Form 990,	
	scription		(b) Book value
(1)SECURITY DEPOSITS			211,199.
(2)RIGHT OF USE ASSET-OPER. LEASE			5,831,441.
(3)			
<u>(4)</u> <u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		6,042,640.
Part X Other Liabilities.			
Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Forn	n 990, Part X,
1. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes			
(2)OPERATING LEASE LIABILITIES			6,445,800.
(3)POSTRETIREMENT BENEFITS			772,139.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			7,217,939.

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.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	36,349,196.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-974,443.
3	Subtract line 2e from line 1	3	37,323,639.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	135,884.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	37,459,523.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	26,749,266.
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	06 540 066
3	Subtract line 2e from line 1	3	26,749,266.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Becombe in Fart Att.)	4c	135,884.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	26,885,150.
	XIII Supplemental Information.		20,003,130.
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

#### 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 217,874

FOREIGN EXCHANGE GAIN -14,402

#### **SCHEDULE J** (Form 990)

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

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

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

OMB No. 1545-0047 Open to Public Inspection

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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(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	
HERMINIA PALACIO	(i)	350,098.		1,584.	35,750.	22,043.	409,475.		
1 PRESIDENT & CEO	(ii)								
SUSHEELA SINGH	(i)	317,456.		4,944.	32,583.	32,479.	387,462.		
2 DISTINGUISHED SCHOLAR	(ii)								
JONATHAN WITTENBERG	(i)	267,046.		240.	27,500.	32,385.	327,171.		
3 EXECUTIVE VICE PRESID	(ii)								
ALETHA AKERS	(i)	295,000.		552.	22,863.		318,415.		
4 VP FOR RESEARCH	(ii)								
MAIBE PONET	(i)	237,420.		360.	23,582.	32,749.	294,111.		
5 VP FOR COMMUNICATIONS	(ii)								
MAUREEN BURNLEY	(i)	242,357.		3,048.	25,177.	23,484.	294,066.		
6 VP FOR FINANCE AND AD	(ii)								
KATHYRN KOST	(i)	235,989.		1,584.	24,375.	26,343.	288,291.		
7 DIRECTOR OF DOMESTIC	(ii)								
HEATHER BOONSTRA	(i)	237,618.		873.	24,500.	21,731.	284,722.		
8 VP FOR PUBLIC POLICY	(ii)								
KATHLEEN RANDALL	(i)	209,891.		1,584.	21,800.	23,484.	256,759.		
9 DIRECTOR OF PRODUCTIO	(ii)								
LAURA LINDBERG	(i)	189,122.		856.	20,043.	35,079.	245,100.		
10 PRINCIPAL RESEARCH SC	(ii)								
ANN BIDDLECOM	(i)	218,280.		193.	21,076.	2,444.	241,993.		
11 DIRECTOR OF INTERNATI	(ii)								
JENNIFER FROST	(i)	205,245.		1,584.	20,625.	9,290.	236,744.		
12 PRINCIPAL RESEARCH SC	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

# SCHEDULE M (Form 990)

## **Noncash Contributions**

► 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.

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

GUTTMACHER INSTITUTE, INC. 13-2890727

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			
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		14	7,528,765.	SALE PRICE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
					_	<u> </u>	es	No
30a	During the year, did the organizat							
	28, that it must hold for at least the	-						
	to be used for exempt purposes for		olding period?		[3	30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	e third parti	ies or related organization	s to solicit, process, or s	ell noncash			
	contributions?				[	32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2021

Part II Supplem

**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

Open to Public Inspection

Employer identification number

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.

13-2890727

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 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 IF THERE IS A

CONFLIECT. IF NECESSARY, THE BOARD VOTES UPON THE APPROPRIATE ACTION

WHILE THE INTERESTED PERSON IS EXCUSED.

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

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. 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.

## 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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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 2021 SALARIES WAS CONDUCTED IN OCTOBER

2020. SUBSEQUENTLY ANOTHER REVIEW WAS DONE IN OCTOBER 2021 FOR THE

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

OCTOBER 2021 - COMPENSATION COMMITTEE

#### 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

2022 SALARIES.

OTHER CHANGES IN NET ASSETS:

CHANGE IN POSTRETIREMENT BENEFITS 217,874

## 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

2021

Open to Public Inspection

**Employer identification number** 

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.

FOREIGN EXCHANGE GAIN - 14,402 -----
TOTAL 203,472

FORM 990, PAGE 1, BOX G

FROM PART VIII - STATEMENT OF REVENUE

GUTTMACHER'S REVENUE FOR 2021 REFLECTS INCREASED ACTIVITY (INCLUDING INCOME-NEUTRAL SALES TRANSACTIONS) IN ITS INVESTMENT PORTFOLIO WHICH, FOR THE YEAR, SURPASSED REVENUE EARNED FROM OPERATIONS. THE BREAKDOWN OF REVENUE FOR 2021 IS:

CONTRIBUTIONS/ GRANTS	33,703,442
PUBLICATIONS	29,728
INVESTMENT INCOME	575,899
ROYALTIES	17,247
GROSS SALES OF INVESTMENTS	40,435,149
OTHER	15,511
TOTAL PER PAGE 1	74,776,976

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.

FORM 990, PART III - PROGRAM SERVICE

## LINE 4A, PROGRAM SERVICE

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IN 2021, GUTTMACHER'S RESEARCH TEAM GENERATED A WIDE RESEARCH: RANGE OF EVIDENCE, INCLUDING A NUMBER OF JUST-IN-TIME STUDIES TO DOCUMENT THE POTENTIAL AND ACTUAL IMPACT OF CHANGES TO KEY LAWS AND POLICIES. AS THE U.S. SUPREME COURT PREPARED TO HEAR ORAL ARGUMENTS IN A CASE THAT COULD PUT ROE V WADE IN JEOPARDY, OUR RESEARCHERS HELPED TO BUILD THE EVIDENCE-BASED GROUNDWORK URGING THE COURT TO REJECT MISSISSIPPI'S 15-WEEK ABORTION BAN. WE JOINED TWO AMISCUS BRIEFS AND OUR RESEARCH WAS CITED IN 32 OTHER BRIEFS FILED IN THE CASE, AND OUR TEAM PRODUCED NEW EVIDENCE ON THE IMPACT THAT VARIOUS BANS IN OTHER STATES WOULD HAVE ON THE DISTANCE THAT PEOPLE WOULD HAVE TO TRAVEL TO ACCESS ABORTION CARE. OUR RESEACH ON TEXAS' SIX-WEEK ABORTION BAN (KNOWN WIDELY AS S.B. 8) SHAPED THE CONVERSATION AROUND THE NEW LAW IN REAL TIME. JUST WEEKS AFTER THE ENACTMENT OF THE LAW, OUR STUDIES HIGHLIGHTED THE DRASTICALLY INCREASED DRIVING DISTANCES PEOPLE HAD TO TRAVEL TO ACCESS CARE AND THE WIDE RANGE OF BOTH CONTIGUOUS AND NONCONTIGUOUS STATES PEOPLE FROM TEXAS WERE TRAVELLING TO IN ORDER TO ACCESS ABORTION FOLLOWING THE LAW TAKING EFFECT. FOLLOWING PUBLICATION OF INFLUENTIAL EVIDENCE ON THE EARLY IMPACT OF COVID-19 ON WOMEN'S CHILDBEARING PREFERENCES AND REPRODUCTIVE HEALTH, WE PUBLISHED A FOLLOW-UP REPORT IN 2021 REPORTING ON THE CONTINUING IMPACTS OF THE PANDEMIC ON WOMEN'S REPRODUCTIVE EXPERIENCES. THIS RESEARCH FOUND THAT THE PANDEMIC HAS CONTINUED TO SHIFT FERTILITY PREFERENCES LARGELY TO DELAY CHILDBEARING AND HAD A DISPROPORTIONATE EFFECT ON THE SEXUAL AND REPRODUCTIVE HEALTH OF THOSE ALREADY EXPERIENCING SYSTEMATIC SOCIAL AND HEALTH INEQUITIES - LOW INCOME PEOPLE, PEOPLE OF COLOR, LGB+ INDIVIDUALS, AND TRANSGENDER AND OTHER GENDER-DIVERSE INDIVIDUALS. THE INSTITUTE ALSO CONTINUED TO GENERATE EVIDENCE ON THE IMPACT OF THE PANDEMIC GLOBALLY. ETHIOPIA AND UGANDA, FOR EXAMPLE, WE WORKED WITH IN-COUNTRY PARTNERS TO PRODUCE EVIDENCE DESCRIBING SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES AMONG ADOLESCENTS DURING THE FIRST YEAR OF THE IN ETHIOPIA, OUR ANALYSES SUGGESTED A LIKELY DECREASE IN CONTRACEPTIVE USE AND AN INCREASE IN UNINTENDED PREGNANCIES AMONG YOUTH. FOR THE FIRST TIME EVER, WE PUBLISHED A SERIES OF 132 COUNTRY PROFILES HIGHLIGHTING COUNTRY-SPECIFIC DATA FROM OUR POPULAR ADDING IT UP REPORT WHICH ESTIMATES THE NEED FOR, IMPACT OF AND COSTS ASSOCIATED WITH PROVIDING ESSENTIAL SEXUAL AND REPRODUCTIVE HEALTH SERVICES. THE PROFILES FEATURE 40 INDICATORS, INCLUDING THE COSTS AND IMPACTS OF FULLY INVESTING IN COMPREHENSIVE Name of the organization Employer identification number GUTTMACHER INSTITUTE, INC. 13-2890727

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SEXUAL AND REPRODUCTIVE HEALTH CARE. THESE FINDINGS WERE USED WIDELY BY COUNTRY-LEVEL PARTNERS AND STAKEHOLDERS. GUTTMACHER RESEARCHERS AND IN-COUNTRY PARTNERS ALSO PUBLISHED NEW RESEARCH FINDINGS ON TOPICS LIKE CONTRACEPTION, UNINTENDED PREGNANCY, AND ABORTION IN A NUMBER OF COUNTRIES, INCLUDING THE DEMOCRATIC REPUBLIC OF CONGO, GHANA, INDONESIA, TANZANIA, AND ZIMBABWE. INSTITUTE'S RESEARCH TEAM CONTINUED TO STRENGTHEN THE CAPACITY OF IN-COUNTRY PARTNERS BY PROVIDING TECHNICAL SUPPORT AND TRAININGS, HELPING FORM A NEW ABORTION RESEARCH CONSORTIUM, AND HELPING LAUNCH A NEW CAPACITY-STRENGTHENING PROGRAM FOR JUNIOR AND EARLY-CAREER RESEARCHERS INTERESTED IN ABORTION.

## LINE 4B, PROGRAM SERVICE

COMMUNICATIONS AND PUBLICATIONS: THE INSTITUTE SHAPED AND INFORMED MEDIA COVERAGE AND PUBLIC DEBATE ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ISSUES THROUGHOUT 2021. 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 WE GENERATED WITH THESE OUTREACH EFFORTS WERE THOUSANDS OF MEDIA CITATIONS AND EXTENSIVE COVERAGE IN HIGH-PROFILE MEDIA OUTLETS AROUND ISSUES LIKE THE PRIORITIES FOR THE INCOMING BIDEN ADMINISTRATION AND THE NEW CONGRESS, THE RECORD ONSLAUGHT OF STATE-LEVEL ABORTION RESTRICTIONS IN 2021, AND A SIGNIFICANT BODY OF WORK AROUND THE DECEMBER ORAL ARGUMENTS AT THE SUPREME COURT INVOLVING A CASE THAT COULD UNDERMINE US ABORTION RIGHTS AND TAKING JUST ONE EXAMPLE, OUR OUTREACH AROUND GUTTMACHER'S ACCESS. RESEARCH ON TEXAS' SUE THY NEIGHBOR ABORTION BAN GENERATED COVERAGE IN THE NEW YORK TIMES, THE WASHINGTON POST, CNN, FORBES, NBC, ABC, AND NPR, AMONG MANY OTHER OUTLETS. IN ADDITION, THE INSTITUTE PLACED MULTIPLE COMMENTARIES BY OUR EXPERTS IN OUTLETS LIKE MS. MAGAZINE, SCIENTIFIC AMERICAN AND THE HILL. GLOBALLY, OUR COMMUNICATIONS TEAM WORKED WITH PARTNERS AT THE REGIONAL AND COUNTRY LEVEL TO DISSEMINATE JOINT RESEARCH FINDINGS AND ANALYSES. FOR EXAMPLE, IN MALAWI, WE TEAMED UP WITH IN-COUNTRY PARTNERS TO LAUNCH A ROBUST SOCIAL MEDIA CAMPAIGN TO SUPPORT THE ENACTMENT OF THE SAFE ABORTION BILL, WHICH WAS INTRODUCED BY MEMBERS OF PARLIAMENT IN FEBRUARY 2021 TO LIBERALIZE THE COUNTRY'S ABORTION OUR COMMUNICATIONS TEAM ALSO WORKED TO STRENGTHEN THE LAW. CAPACITY OF IN-COUNTRY PARTNERS, INCLUDING YOUTH-LED ORGANIZATIONS,

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BY PROVIDING COMMUNICATIONS WORKSHOPS, TRAININGS, AND TECHNICAL SUPPORT. OUR GLOBAL COMMUNICATIONS TEAM ALSO PROMOTED GUTTMACHER DATA -- AND THE WORK OF OUR REGIONAL AND COUNTRY PARTNERS -- THROUGH GLOBAL DAYS OF ACTION AND OTHER SOCIAL MEDIA EFFORTS THAT SHONE A SPOTLIGHT ON KEY SEXUAL AND REPRODUCTIVE HEALTH ISSUES FOR A MASS AUDIENCE.

#### LINE 4C, PROGRAM SERVICE

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GUTTMACHER CONTRIBUTED TO A NUMBER OF KEY POLICY PUBLIC POLICY: WINS FOR REPRODUCTIVE HEALTH AND RIGHTS IN 2021, INCLUDING THE RESCINDING OF THE GLOBAL GAG RULE, THE RESTORATION OF U.S. FUNDING FOR THE UNITED NATIONS POPULATION FUND, AND THE REVERSAL OF THE TRUMP ADMINISTRATION'S RULES THAT CAUSED SIGNIFICANT DAMAGE TO THE NATION'S FAMILY PLANNING SAFETY NET. THE INSTITUTE PLAYED A KEY ROLE IN SECURING \$50 MILLION IN SUPPLEMENTAL FUNDING FOR THE TITLE X FAMILY PLANNING PROGRAM AS PART OF THE AMERICAN RESCUE PLAN BY AMPLIFYING GUTTMACHER'S RESEARCH SHOWING THAT LOW-INCOME WOMEN'S CHILDBEARING AND REPRODUCTIVE HEALTH WERE DISPROPORTIONALLY DISRUPTED BY THE COVID-19 PANDEMIC. WORKING WITH PARTNER ORGANIZATIONS. WE ALSO SUCCESSFULLY PRESSURED THE FDA TO SUSPEND ITS IN-PERSON DISPENSING REQUIREMENT FOR MEDICATION ABORTION AND ALLOW PATIENTS TO RECEIVE THE MEDICATION BY MAIL PERMANENTLY - A CRITICAL STEP IN LIGHT OF THE WAVE OF RESTRICTIONS ON ABORTION ACCESS. AT THE STATE LEVEL, THE INSTITUTE CONTINUED TO MONITOR POLICIES IN EVERY STATE AND DISSEMINATED A RANGE TARGETED RESOURCES THAT WERE USED EXTENSIVELY BY KEY ACTORS ACCROSS THE COUNTRY, INCLUDING OUR POPULAR SERIES OF 31 FACT SHEETS - STATE LAWS AND POLICIES - THAT WERE UPDATED MONTHLY TO REFLECT THE CURRENT STATE OF PLAY REGARDING A NUMBER OF KEY REPRODUCTIVE HEALTH POLICY IN DECEMBER, OUR ANNUAL REVIEW OF STATE POLICYMAKING REPORTED A RECORD NUMBER OF ABORTION RESTICTIONS ENACTED IN 2021 -A REPORT THAT HAS RECEIVED EXTENSIVE MEDIA COVERAGE AND USE BY ADVOCATES AND POLICYMAKERS. WE ALSO CONTINUED TO BUILD STRATEGIC PARTNERSHIPS WITH STATE-LEVEL ADVOCATES, RESULTING IN SOME IMPORTANT POLICY GAINS. ON THE GLOBAL POLICY SIDE, OUR JUST THE NUMBERS ANALYSIS, WHICH QUANTIFIES THE BENEFITS OF THE U.S. GOVERNMENT'S INVESTMENT IN INTERNATIONAL FAMILY PLANNING, ONCE AGAIN PROVED TO BE A KEY ADVOCACY RESOURCE. IN APRIL, MORE THAN 150 MEMBERS OF CONGRESS UTILIZED THIS EVIDENCE TO REQUEST SUPPORT TO INCREASE FUNDING FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH. ADDITIONALLY, 90 ORGANIZATIONS SIGNED A LETTER THAT CITES

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GUTTMACHER EVIDENCE WHILE URGING THE HOUSE AND SENATE TO SUPPORT INCREASED FUNDING AND ADDRESS POLICIES THAT LIMIT THE EFFECTIVENESS OF THESE PROGRAMS IN THE STATE, FOREIGN OPERATIONS AND RELATED PROGRAMS FY 2022 APPROPRIATIONS BILL.

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,

AME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ETHIOPIAN PUBLIC HEALTH ASSOCIATION GABON STREET		
ADDIS ABABA, ETHIOPIA, MD 21218	PRGRM SUBCONTRACTOR	117,643.
NORC AT THE UNIVERSITY OF CHICAGO		
55 EAST MONROE STREET		
CHICAGO, IL 60603	PRGRM SUBCONTRACTOR	809,351.
PMO ADVISORY LLC		
41 WATCHUNG PLAZA, SUITE 186		
MONTCLAIR, NJ 07042	MANAGEMENT CONSULTIN	227,906.
PRODUCTION SOLUTIONS INC		
1953 GALLOWS RD, SUITE 500		
VIENNA, VA 22182	ACQUISITION MAILING	117,223.
MAKERERE UNI. COLLEGE OF HEALTH SCIENCES		
P.O. BOX 7072		
KAMPALA		
UGANDA	PRGRM SUBCONTRATOR	115,458.

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Name of the organization	Employer identification	Employer identification number			
GUTTMACHER INSTITUTE, I	13-2890727				
FORM 990, PART IX - OTHER FEES				_	
	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES	
SUB-CONTRACTS	3,444,062.	3,444,062.			
CONSULTANTS	1,375,485.	1,064,022.		311,463.	
RECRUITMENT COSTS	140,204.	108,456.		31,748.	
TEMPORARY HELP	89,513.	69,244.		20,269.	
TOTALS					
	5,049,264.	4,685,784.		363,480.	

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