1 ** PUBLIC DISCLOSURE COPY **											
	Λ	00	Return of Organization Exempt F	rom lı	ncome Tax	OMB No. 1545-0047					
Forr	_	ЯŨ	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	ept private foundation	s) 2019					
•		uary 2020) of the Treasury	Do not enter social security numbers on this form a	-	-	Open to Public Inspection					
Intern	al Reve	nue Service	■ Service Go to www.irs.gov/Form990 for instructions and the latest information.								
A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020											
	B Check if applicable: C Name of organization D Employer identifica										
	Addre		ONAL INSTITUTE FOR REPRODUCTIVE								
	chang Name		TH, INC.	**-***025	57						
	chang Initial		usiness as and street (or P.O. box if mail is not delivered to street address)								
	Final return	14 W	ALL STREET	E Telephone number 212-343-2031							
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,535,365.						
	Amen return	INEW	YORK, NY 10005		H(a) Is this a group re						
	Applie tion pendi		nd address of principal officer: ANDREA MILLER		for subordinates?	Yes X No					
		SAME	AS C ABOVE		H(b) Are all subordinates inc						
		empt status: [or 527		ist. (see instructions)					
			NIRHEALTH.ORG X Corporation Trust Association Other ►		H(c) Group exemption						
	orm o I rt I	Summary	X Corporation Trust Association Other ►	L Year	of formation: 1980 M	State of legal domicile: NY					
		-	be the organization's mission or most significant activities: $rac{ ext{THE}}{ ext{N}}$	ΙΔΨΤΟΝ		- FOR					
e	1		CTIVE HEALTH SUPPORTS A PROACTIVE	AGENDA	FOR AND	POR					
Governance	2	Check this bo			•						
veri					3	13					
			lependent voting members of the governing body (Part VI, line 1b)			13					
s&			of individuals employed in calendar year 2019 (Part V, line 2a)			36					
/itie			of volunteers (estimate if necessary)			250					
Activities &				7a	0.						
A	b	Net unrelated	business taxable income from Form 990-T, line 39	<u></u>	7b	0.					
					Prior Year	Current Year					
e	8	Contributions	and grants (Part VIII, line 1h)		5,138,834.	5,454,698.					
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.					
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			52,654.	29,231.					
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-78,124. 5,113,364.	<u> </u>					
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,660,952.	1,581,019.					
			nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)		0.	0.					
	14 15		r compensation, employee benefits (Part IX, column (A), line 4)		2,614,641.	2,999,366.					
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.					
pen			ing expenses (Part IX, column (D), line 25) \blacktriangleright 789, 52	23.							
EX			es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,660,298.	2,834,038.					
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,935,891.	7,414,423.					
	19		expenses. Subtract line 18 from line 12		-2,822,527.	-1,899,729.					
: Or Ces				Be	ginning of Current Year	End of Year					
sets alan	20	Total assets (I			8,640,566.	7,477,456.					
Net Assets or -und Balances	21		(Part X, line 26)		717,763.	1,459,688.					
			fund balances. Subtract line 21 from line 20		7,922,803.	6,017,768.					
	rt II										
			I declare that I have examined this return, including accompanying schedules			knowledge and bellet, it is					
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.											
Sigr		Signatur	e of officer		Date						
Here		, °	SUPPLE, VP OF FINANCE AND ADMINIS	TRATI							
. 161	-		print name and title								
		Print/Type pre	parer's name Preparer's signature	[Date Check	PTIN					
Paid		MAGDALE		RNIA 0	6/09/21 if self-employe	d ₽00535099					
Prep		Firm's name		**-**8842							
Use			685 THIRD AVENUE								
			NEW YORK, NY 10017		Phone no. 212	2-503-8800					

May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-20-20	LHA For Paperwork Reduction Act Notice, see the separate instructions.								

X Yes No Form **990** (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	2 NATIONAL INSTITUTE FOR REPRODUCTIVE
Form	990 (2019) HEALTH, INC. **-**0257 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH SUPPORTS A PROACTIVE
	AGENDA FOR, AND UNAPOLOGETIC APPROACH TO, REPRODUCTIVE RIGHTS, HEALTH,
	AND JUSTICE THROUGH BOLD ADVOCACY, CREATIVE EDUCATION CAMPAIGNS, AND
	HIGH-IMPACT PARTNERSHIPS DESIGNED TO CHANGE PUBLIC POLICY, GALVANIZE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,337,477. including grants of \$ 474,500.) (Revenue \$)
	STATE PROGRAMS: THE NATIONAL INSTITUTE HAS WORKED WITH STATEWIDE
	ORGANIZATIONS SINCE ITS FOUNDING, BUT ON THE 40TH ANNIVERSARY OF ROE V.
	WADE IN 2013, WE FORMALIZED THAT WORK BY LAUNCHING A LONG-TERM
	INITIATIVE TO SECURE REPRODUCTIVE RIGHTS AND HEALTH IN THE STATES. WITH
	AN EYE TOWARD BUILDING TRACTION IN STATES THAT HAVE BEEN GENERALLY
	HOSTILE TO CHOICE, AS WELL AS LEVERAGING THE OPPORTUNITIES IN MORE
	PROGRESSIVE STATES, THIS INITIATIVE IS CREATING A GROUNDSWELL OF
	SUPPORT TO TURN THE TIDE ON ACCESS TO ABORTION. WITH OUR PARTNERS IN
	STRATEGIC STATES ACROSS THE COUNTRY, WE WORK TO BUILD AND MOBILIZE THE
	GRASSROOTS AS ADVOCATES FOR REPRODUCTIVE HEALTH AND RIGHTS, ENGAGE
	POLICYMAKERS, CHANGE THE PUBLIC DIALOGUE ON REPRODUCTIVE RIGHTS, AND
	ALTER PUBLIC POLICY TO INCREASE ACCESS TO REPRODUCTIVE HEALTH CARE,
4b	(Code:) (Expenses \$ 785,388. including grants of \$ 145,000.) (Revenue \$)
	LOCAL PROGRAMS: IN 2007, AMID YEARS OF SETBACKS TO REPRODUCTIVE HEALTH
	AND RIGHTS ON THE STATE AND FEDERAL LEVELS, THE NATIONAL INSTITUTE
	LAUNCHED A NEW INITIATIVE TO SUPPORT PROACTIVE, LOCAL-LEVEL ADVOCACY.
	THIS STRATEGY PRESENTED, AND STILL PRESENTS TODAY, AN EXCITING
	OPPORTUNITY TO MOVE BEYOND DEFENSE TO DEVELOP AND IMPLEMENT
	REPRODUCTIVE HEALTH POLICIES THAT IMPROVE AND EXPAND ACCESS TO VITAL
	SERVICES. EVEN IN THE MOST CONSERVATIVE STATES, WE RECOGNIZED THAT DYNAMIC AND SUPPORTIVE LOCAL LEADERS MAY OPERATE IN A POLITICAL CLIMATE
	THAT MAKES THEIR LOCALITIES PROGRESSIVE POCKETS OF POSSIBILITY. THE
	NATIONAL INSTITUTE, UNDERSTANDING THAT SUCH LEADERS ALREADY POSSESS
	VALUABLE REGIONAL KNOWLEDGE AND NETWORKS, PROVIDES THE FUNDING,
	TECHNICAL ASSISTANCE, AND STRATEGIC SUPPORT THEY NEED TO DEVELOP
4c	(Code:) (Expenses \$ 390,955. including grants of \$) (Revenue \$)
	TORCH IS A YOUTH FOCUSED, PEER EDUCATION PROGRAM THAT COMBINES SEXUAL
	AND REPRODUCTIVE HEALTH/RIGHTS/JUSTICE EDUCATION AND LEADERSHIP
	TRAINING FOR NEW YORK CITY BLACK AND BROWN YOUTH. THE PROGRAM
	INCORPORATES YOUTH DRIVEN COMMUNITY ACTION INITIATIVES AND FOSTERS
	STRONG COMMUNITY PARTNERSHIPS TO PROVIDE KNOWLEDGE AND EMPOWERMENT
	OPPORTUNITIES FOR YOUNG PEOPLE TO MAKE INFORMED CHOICES; TO CREATE A
	NEW GENERATION OF THE SEXUAL REPRODUCTIVE JUSTICE MOVEMENT BY FOSTERING
	AWARENESS AND ACTIVISM; AND TO OFFER ACCESSIBLE COMPREHENSIVE SEXUALITY
	EDUCATION, THAT IS MEDICALLY ACCURATE AND INCLUSIVE OF VARIOUS
	IDENTITIES AND EXPERIENCES.
	PROGRAM SERVICE ACCOMPLISHMENTS: OF COMMUNITY-BASED ORGANIZATIONS ON
	TOPICS RANGING FROM CONTRACEPTION TO HEALTHY ADOLESCENT RELATIONSHIPS
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 2,345,430. including grants of \$ 961,519.) (Revenue \$ 30,765.)
4e	Total program service expenses ► 5,859,250.

2
J

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		<u> </u>
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		х
~	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	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
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		<u>X</u>
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Form	<u>990 (2019)</u> HEALTH, INC. **-***()257	P	age 4
Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance Charlet if Other the Occupation provide the provide the Det Market Schedule Complete Schedule Complet	38	л	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 50			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2019) HEALTH, INC. **-**0	257	P	_{age} 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 36								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	a 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)?								
b	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		Х					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
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		Х					
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					
b	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					
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-							
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	-							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	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								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
40-	amounts due or received from them.)	40-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h									
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 13b Enter the amount of reserves on hand 13c								
		14a		х					
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14a 14b		- 23					
15		1-tu							
15									
	excess parachute payment(s) during the year?	15		X					
16	Is the experimetion on advectional is still tion as bis of the the experime 1000 surface to an extinuation of the experiment	16		х					
10	If "Yes," complete Form 4720, Schedule O.	10							

Form **990** (2019)

5

Form	990 (2019) HEALTH, INC.			***0257	Р	age 6				
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, an	d for a "No" re	espons	se				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See ir	structions.							
	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
		1			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		13						
	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 0.			1.0						
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 13									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			77				
-	officer, director, trustee, or key employee?			2		x				
3	Did the organization delegate control over management duties customarily performed by or under the		•			x				
			filed0			X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization's ass			4		X				
5 6	Did the survey institute have a surple on stand the labor O					X				
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap									
1a				7a		x				
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st	lockhol	ders or	<u>7a</u>						
D	persons other than the governing body?			7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
	The governing body?		-	8a	Х					
	Each committee with authority to act on behalf of the governing body?				Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
			,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the fo	rm? 11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			<u>12b</u>	X	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "y	, -		10	x					
10	in Schedule O how this was done			12c	37					
13 14	Did the organization have a written decument retention and destruction policy?				X X	<u> </u>				
14 15	Did the organization have a written document retention and destruction policy?				- 23					
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		opendent							
а	The organization's CEO, Executive Director, or top management official			15a	х					
	Other officers or key employees of the organization					x				
2	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY , NJ									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (Section 5	01(c)(3)s only)	availa	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explained)		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest pol	icy, and finan	cial					
-	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo		records	•						
	KATE SUPPLE (VP OF FINANCE AND ADMIN) - 212-343-011	L 4								
	14 WALL STREET, NEW YORK, NY 10005									

NATIONAL INSTITUTE FOR REPRODUCTIVE

6

7	NATIONAL INSTITUTE FOR REPRODUCTIVE							
Form 990 (2019)	HEALTH, INC.	**-***0257 Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees	s, and Independent Contractors							
Check if Sche	edule O contains a response or note to any line in this Part VII							
Section A. Officers, Dir	rectors, Trustees, Key Employees, and Highest Compensated Employees							
1a Complete this table for	or all persons required to be listed. Report compensation for the calendar year e	nding with or within the organization's tax year.						
 List all of the organi 	ization's current officers, directors, trustees (whether individuals or organization	ns), regardless of amount of compensation.						

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)				(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	s per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	d a di	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	l trus		,ee	npen		(W-2/1099-MISC)		organization and related
	below	dual ti	nstitutional trustee		nploy	st cor yee	-			organizations
	line)	Individual trustee or director	In stit L	Officer	Key employee	Highest compensated employee	Former			e.gam_anone
(1) ABBY SCHUMER	1.00									
DIRECTOR		х						0.	0.	0.
(2) AUDREY SPIEGEL	1.00									
DIRECTOR		Х						0.	0.	0.
(3) DANA-AIN DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(4) DOLORES SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JANE POLLOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JILL BRAUFMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JULIE KAY	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(8) KATHLEEN MCHUGH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KIM CHIRLS	1.00									
DIRECTOR (OUTGOING)	1.00	х						0.	0.	0.
(10) LAURA ROSS	1.00									_
SECRETARY		Х		Х				0.	0.	0.
(11) LAURA SCHEUER	1.00									_
DIRECTOR		Х						0.	0.	0.
(12) LISSA HIRSH	1.00									
DIRECTOR (OUTGOING)	1	Х						0.	0.	0.
(13) NANCY SILVERMAN	1.00									•
DIRECTOR	1	Х						0.	0.	0.
(14) RAQUEL LEVIN	1.00									•
TREASURER	1.50	Х		Х				0.	0.	0.
(15) ROBERT JAFFE	1.00									•
DIRECTOR	1.00	Х						0.	0.	0.
(16) SHARON WEINBERG	1.00									•
BOARD CHAIR	1.00	Х		X				0.	0.	0.
(17) ANDREA MILLER	34.00									06 050
PRESIDENT	6.00			Х				263,280.	0.	26,858.

Form 990 (2019) HEALTH ,	INC.								**-***(257	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(A) (B) (C) (D) (E)										(F)
Name and title	Average	(do				ו than c	ne	Reportable	Reportable	Esti	mated
	hours per	box	, unle	ss pe	rson i	is both	an	compensation	compensation		unt of
	week (list any						ee)	- from	from related		ther
	hours for	irecto						the organization	organizations (W-2/1099-MISC)		ensation m the
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	1	nization
	organizations	truste	al trus		/ee	mpen		(10271000 10100)		-	related
	below	Individual trustee or director	In stitutional trustee	5	key employee	est co oyee	er				izations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				
(18) KATHERINE SUPPLE	37.00										
VP FOR FINANCE AND ADMINISTRATION	3.00			Х				133,634.	0.	18	<u>,722.</u>
(19) DANIELLE CASTALDI-MICCA	40.00										
VP OF POLITICAL AND GOV						X		135,025.	0.	19	,504.
(20) JORDAN GOLDBERG	40.00							100 407	0	10	
DIRECTOR OF POLICY	40.00					X		108,487.	0.	18	<u>,705.</u>
(21) MEREDITH KORMES DIR. OF STRAT. COMM.& CAMPAIGNS	40.00					x		104,880.	0.	17	,963.
(22) SHANNON CAREY	40.00							104,000.	0.	<u> </u>	, 903.
CHIEF DEVELOPMENT OFFICER						x		179,642.	0.	15	,105.
(23) TARA E. SWEENEY	35.00										/ = 0 0 1
VP OF COMMUNICATIONS	5.00					x		143,141.	0.	20	,243.
		_									
1b Subtotal	1		-					1,068,089.	0.	137	,100.
c Total from continuation sheets to Part V								0.	0.		0.
d Total (add lines 1b and 1c)								1,068,089.	0.	137	,100.
2 Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable		
compensation from the organization											7
										<u> </u>	'es No
3 Did the organization list any former officer	, director, trust	ee, ł	key e	empl	loye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s										3	<u> </u>
4 For any individual listed on line 1a, is the s											
and related organizations greater than \$15										4	x
5 Did any person listed on line 1a receive or	-				-			-	lual for services		
rendered to the organization? If "Yes," con	nplete Schedule	e J f	or sı	ich j	oers	on .				5	X
Section B. Independent Contractors									100.000 of company		
 Complete this table for your five highest co the organization. Report compensation for 	-	-							· · · · ·	ation from	1
(A)	the calendar ye	car e	nuii	ig w				(B)		(C)	
(م) Name and business	address							رط) Description of s	ervices	Compens	ation
SKDKNICKERBOCKER, 1150 18	BTH STRE	ET	Ν	W,				STRATEGIC CO	MM.		
SUITE 800, WASHINGTON, DO				•				CONSULTANT		472	,068.
NCHENG LLP											
40 WALL ST, FL 32, NEW YO	ORK, NY	10	00	5			_	ACCOUNTING S	ERVICES	123	,433.
							_				
2 Total number of independent contractors (including but p	ot lir	nitor	1 to	thos	se lie	had	above) who received mo	ore than		

oral number of independent contractors (including but not lim those listed abo ceived more 2 \$100,000 of compensation from the organization

of Revenue			
HEALTH,	INC.		
NATIONAL	JINSTITUTE	FOR	REPRODUCTIVE

Form	1 99C) (2	2019) HEA	LT	H, INC.				**-***0	257 Page 9
	rt V									
			Check if Schedule O	ronta	ins a response	or note to any lin	e in this Part VIII			
				501112			(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excluded
								function revenue	business revenue	from tax under
										sections 512 - 514
ts t	1	а	Federated campaigns		1a					
ran			Membership dues							
۵, E		с	Fundraising events]			
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations				1			
ila ila						176,000.	-			
ns,			Government grants (contr		· ·	170,000.	-			
er S		f	All other contributions, gifts,		s, and	000 600				
ibu			similar amounts not included	abov	e 1f 5,	278,698.	4			
dt		g	Noncash contributions included in	lines 1	a-1f 1g \$2,	021,576.				
aŭ		h	Total. Add lines 1a-1f			►	5,454,698.			
						Business Code				
	2	2								
Program Service Revenue	2									
er v		b								
ר S פוווס		С								
ev.		d								
ogi B		е								
Pr		f	All other program service	rever	nue					
			Total. Add lines 2a-2f							
	3	3	Investment income (includ							
	3						23,902.			23,902.
			other similar amounts)				23,902.			23,902.
	4		Income from investment of							
	5		Royalties			. <u></u>				
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c			-			
						L				
			Net rental income or (loss)	·····					
	7	а	Gross amount from sales of		(i) Securities	(ii) Other	4			
			assets other than inventory	7a	26,000.					
		b	Less: cost or other basis							
e			and sales expenses	7b	20,671.					
evenue		c	Gain or (loss)	7c	5,329.					
ev				· · · ·	-	<u> </u>	5,329.			5,329.
r R			Net gain or (loss)				5,525.			5,525.
Other	8	а	Gross income from fundraisi	-						
ō			including \$		of					
			contributions reported on	line '	1c). See					
			Part IV, line 18		8a					
		b	Less: direct expenses							
			Net income or (loss) from		·····					
			Gross income from gamir		-					
	9	d								
			Part IV, line 19				4			
			Less: direct expenses							
		С	Net income or (loss) from	gami	ng activities	<u></u>				
	10	а	Gross sales of inventory,	ess r	eturns					
			and allowances							
		h	Less: cost of goods sold							
		C	Net income or (loss) from	sales	or inventory					
ŝ			VT 0000		1001-	Business Code				
ou e	11	а	MISCELLANEOUS	11	NCOME	900099	30,765.	30,765.		
Miscellaneous Revenue		b								
elli		с								
ŝŝ		d	All other revenue							
Σ			Total. Add lines 11a-11d				30,765.			
	12		Total revenue. See instruction				5,514,694.	30,765.	0.	29,231.
							<i>, ~ , ~ ~ _</i> .			,

NATIONAL INSTITUTE FOR REPRODUCTIVE

		STITUTE FOR F	REPRODUCTIVE		
Form	HEALTH, INC. TIX Statement of Functional Expense			**_**	*0257 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	aplete column (A)	
Secu	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINGCO	general expenses	expenses
•	and domestic governments. See Part IV, line 21	1,581,019.	1,581,019.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	625,728.	439,319.	119,959.	66,450.
6	Compensation not included above to disqualified				<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,847,614.	1,373,130.	184,334.	290,150.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,782.	12,581.	230.	<u> 1,971.</u> 50,209.
9	Other employee benefits	306,263.	231,210.	24,844.	50,209.
10	Payroll taxes	204,979.	150,833.	24,161.	29,985.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	12,544.		12,544.	
С	Accounting	000 040	000.040		
d	Lobbying	272,942.	272,942.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 1 2 0 7 0 1	727 461	224 012	177 507
	column (A) amount, list line 11g expenses on Sch 0.)	<u>1,139,781</u> . 135,300.	737,461. 135,300.	224,813.	177,507.
12	Advertising and promotion	184,550.	106,888.	51,041.	26,621.
13	Office expenses	91,134.	91,134.	51,041.	20,021.
14	Information technology	91,194.	91,194.		
15	Royalties	554,826.	408,267.	65,396.	81,163.
16 17	Occupancy Travel	111,467.	111,467.	05,550.	01,105.
17 18	Payments of travel or entertainment expenses	111,407.	, +0 / •		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	111,658.	79,804.	6,352.	25,502.
20	Interest	,000.			
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,376.	14,994.	2,401.	2,981.
23	Insurance	61,442.	45,212.	7,242.	8,988.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STIPENDS	65,360.	65,360.		
b	BAD DEBT EXPENSE	41,050.		41,050.	
c	INDIRECT EXPENSES	19,990.			19,990.
d	DIRECT MAIL	5,402.			5,402.
е	All other expenses	6,216.	2,329.	1,283.	2,604.
25	Total functional expenses. Add lines 1 through 24e	7,414,423.	5,859,250.	765,650.	789,523.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH, INC.

	Balance Sheet				* * _ `	***0257 Page
 	Check if Schedule O contains a response or not	e to any	line in this Part X			Γ
				(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing		38,451.	1	38,113	
2	Savings and temporary cash investments			4,731,677.	2	3,637,94
3	Pledges and grants receivable, net	1,997,511.	3	1,947,63		
4	Accounts receivable, net			9,517.	4	14,58
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of the				5	
6	Loans and other receivables from other disquali	fied per				
	under section 4958(f)(1)), and persons described		6			
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9				122,471.	9	83,59
	Land, buildings, and equipment: cost or other					•
	basis. Complete Part VI of Schedule D	10a	221,196.			
b	Less: accumulated depreciation	10b	221,196. 186,061.	33,437.	10c	35,13
11	Investments - publicly traded securities		1,505,425.	11	35,13 1,518,36	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	202,077.	15	202,07		
16	Total assets. Add lines 1 through 15 (must equ		8,640,566.	16	7,477,45	
17	Accounts payable and accrued expenses			263,502.	17	340,76
18	Grants payable		-	18		
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated	d third p			24	434,00
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines					
	of Schedule D			454,261.	25	684, <mark></mark> 92
26	Total liabilities. Add lines 17 through 25	<u></u>		<u>454,261.</u> 717,763.	26	684,92 1,459,68
	Organizations that follow FASB ASC 958, che	ck here				
	and complete lines 27, 28, 32, and 33.					
27				5,684,609.	27	4,653,99
28				2,238,194.	28	4,653,99 1,363,77
	Organizations that do not follow FASB ASC 9					
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid in or capital surplus, or land, building, or ec				30	
31	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances			7,922,803.	32	6,017,76
 33				8,640,566.	33	7,477,45

Form **990** (2019)

F	12 NATIONAL INSTITUTE FOR REPRODUCTIVE 1990 (2019) HEALTH, INC.	**_**	*0257	Dee	_{ae} 12
	rt XI Reconciliation of Net Assets		0457	Paç	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,514	,69	94.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,414	, 42	23.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,899		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,922		
5	Net unrealized gains (losses) on investments	5			06.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,017	7,76	58.
Pa	rt XII Financial Statements and Reporting				
-	Check if Schedule O contains a response or note to any line in this Part XII				X
				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," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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 oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

	13								1
	HEDULE A		Public Cha		OMB No. 1545-0047				
(Fo	rm 990 or 990-EZ)		omplete if the organ		2019				
_			494						
	rtment of the Treasury al Revenue Service		► Go to www.irs.gov		Open to Public Inspection				
Nan	ne of the organization		ONAL INSTI		identification number				
_			TH, INC.						*-***0257
Pa	rt I Reason f	for Public (Charity Status	All organizations must co	mplete th	is part.) Se	e instructions	3.	
The	organization is not a	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2	A school dese	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 99	90-EZ).)			
3	•	•		anization described in se			•	_	
4		-	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_	city, and state	-							
5			or the benefit of a col Complete Part II.)	lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
6				nental unit described in	section 17	70(h)(1)(A)	(v)		
7		-	-	ntial part of its support fr				ne general r	oublic described in
•			omplete Part II.)		on a gov	Similar		io gonora j	
8	•		. ,	(1)(A)(vi). (Complete Par	t II.)				
9	-			in section 170(b)(1)(A)(ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
	university:								
10	An organizati	on that norma	lly receives: (1) more	than 33 1/3% of its supp	port from a	contributio	ns, membersl	nip fees, an	d gross receipts from
	activities relat	ted to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support f	from gross investment
	income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
	See section	5 09(a)(2). (Co	mplete Part III.)						
11	-	-	-	vely to test for public sat	•				
12	-	-	-	vely for the benefit of, to				•	
			-	d in section 509(a)(1) o					Check the box in
		-	• •	f supporting organizatior		-		-	
а				upervised, or controlled	• • • •	-			
		-	complete Part IV, Se	gularly appoint or elect a	majonty c	or the direc	cors or truste	es or the st	ipporting
b	-		-	or controlled in connect	ion with it	s sunnorte	nd organizatio	n(s) by bay	vina
			-	anization vested in the sa			-		-
		0	t complete Part IV,						Joned
с	U U	.,	•	g organization operated	in connect	tion with. a	and functional	lv integrate	ed with.
		-	• • •). You must complete I				, ,	
d				orting organization oper				ted organiz	zation(s)
		-		ation generally must sat				-	
	requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е	Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, or	r Type III non-functior	nally integrated supportin	ng organiz	ation.			ī
f		••	•						
g	Provide the followi (i) Name of suppo		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) is the oro	anization listed	(v) Amount o	monoton	(vi) Amount of other
	organization			(described on lines 1-10	in your govern	ing document?	support (see ir	,	support (see instructions)
				above (see instructions))	Yes	No			
									<u> </u>
_									

NATIONAL INSTITUTE FOR REPRODUCTIVE

14 NATIONAL INS Schedule A (Form 990 or 990-EZ) 2019 HEALTH, INC.

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6208937.	7409653.	8755607.	5138834.	5516573.	33029604.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	6208937.	7409653.	8755607.	5138834.	5516573.	33029604.	
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)						18929300.	
6	Public support. Subtract line 5 from line 4.						14100304.	
	ction B. Total Support						<u></u>	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	6208937.	7409653.	8755607.	5138834.	5516573.	33029604.	
	Gross income from interest.							
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2,559.	3,632.	14,248.	36,930.	23,902.	81,271.	
٥	Net income from unrelated business	2,355.	5,052.	11,210.		23,502.	01,271.	
9								
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital		56,466.	51,993.	67,869.	30 765	207,093.	
	assets (Explain in Part VI.)		50,400.	51,995.	07,009.	50,705.	33317968.	
	Total support. Add lines 7 through 10		`````				D221/200.	
	Gross receipts from related activities,							
13	First five years. If the Form 990 is for	-			-		•	
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage					
				- (1)			42.32 %	
	Public support percentage for 2019 (I			.,,		14	12 66	
	Public support percentage from 2018					15		
16a	33 1/3% support test - 2019. If the c	-						
	stop here. The organization qualifies		•					
b	33 1/3% support test - 2018. If the c						•	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac			-	-	rt VI how the orga	nization	
	meets the "facts-and-circumstances"	•		,	•			
b	10% -facts-and-circumstances test							
	more, and if the organization meets the						Э	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	►	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

15 NATIONAL INS Schedule A (Form 990 or 990-EZ) 2019 HEALTH, INC.

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, 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 bus-						
iness under section 513				-		
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	l	1	1	1		
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included 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 five years. If the Form 990 is for 	the organization?	l first second their	l d fourth or fifth t		n 501/0\/2\ area	
•	0					
check this box and stop here						
15 Public support percentage for 2019 (I			olumn (f))		15	0/
16 Public support percentage for 2019 (i					16	<u>%</u> %
Section D. Computation of Inves						70
17 Investment income percentage for 20			no 13 column (f))		17	%
18 Investment income percentage for 2					18	%
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the	-	-		•••••		► %. and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						·····

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1

2

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 HEALTH, INC. Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

10b

NATIONAL INSTITUTE FOR REPRODUCTIVE Schedule A (Form 990 or 990-EZ) 2019 HEALTH, INC.

* * - * * * 0257 Page 5

Par	T IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
- a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2.0		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Dravide details is Part VI	3a		
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	Ja		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	9F		
000000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b)0 EZ	2010
932025	5 09-25-19 Schedule A (Form 9	an n. ar	ע-בע)	2019

0	18 NATIONAL INSTITUTE FOR solute A (Form 990 or 990-EZ) 2019 HEALTH, INC.	REPRO	DUCTIVE	**-***0257 Page 6
Pa		a Organ	izations	02J7 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. All
•	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

NATIONAL INSTITUTE FOR REPRODUCTIVE

		*-***0257 P
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	

1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	5		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

20 Schedule A (Form 990 or 990-EZ)	NATIONAL INSTITUTE FOR REPRODUCTIVE	**-***0257 Page 8
Part VI Part IV, Section A, li line 1; Part IV, Secti	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 on D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V S, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:	
FUNDRAISING INCOM	4E	
2016 AMOUNT: \$	38,814.	
2017 AMOUNT: \$	49,267.	
2018 AMOUNT: \$	51,875.	
MISCELLANEOUS INC	COME	
2016 AMOUNT: \$	17,652.	
2017 AMOUNT: \$	2,726.	
2018 AMOUNT: \$	15,994.	
2019 AMOUNT: \$	30,765.	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

-*0257

HEALTH, INC.
Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

NATIONAL INSTITUTE FOR REPRODUCTIVE

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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 $e_{XClusively}$ 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 $e_{XClusively}$ 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., purpose. Contributions totaling \$5,000 or more during the year for an $e_{XClusively}$ religious, charitable, etc., $e_{XClusively}$ religious, $e_{XClusively}$ religio

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

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

	23 B (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
NATIO	organization NAL INSTITUTE FOR REPRODUCTIVE H, INC.		Employer identification number
Part I	Contributors (see instructions). Use duplicate copies of Part I if additic	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		_ \$ <u>207,2</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		_ \$ <u>500,0</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		_ \$ <u>176,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$ <u>3,448,4</u> 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		_ \$ <u>125,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	24 B (Form 990, 990-EZ, or 990-PF) (2019)			Page 3
Name of o	rganization NAL INSTITUTE FOR REPRODUCTIVE H, INC.			er identification number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed		0107
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
4	8985 SHARES OF BERKSHIRE HATHAWAY CL-B FOR BUFFETT GRANTS	\$ 2,018,5	81.	02/20/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	e)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

3

	25 3 (Form 990, 990-EZ, or 990-PF) (2019)				Page 4		
Name of or	ganization				Employer identification number		
	NAL INSTITUTE FOR REPROI H, INC.	DUCTIVE			**-***0257		
Part III	Exclusively religious, charitable, etc., contributi						
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the followir charitable, etc., contributions of \$	ig line entry. For or 1,000 or less for th	r ganizations ne year. (Enter this info. ond	be.) ▶ \$		
(a) No.	Use duplicate copies of Part III if additional	space is needed. I	[
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
		(e) Transfe	er of gift				
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held		
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held		
		(e) Transfe	er of gift				
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held		
-	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee		

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047	
(Form 990 or 990-EZ)		anizations Exempt From Income	-	•		2019
		if the organization is described				
Department of the Treasury Internal Revenue Service	Open to Public Inspection					
Internal Revenue Service If the organization answ • Section 501(c)(3) org • Section 501(c) (other • Section 527 organization If the organization answ • Section 501(c)(3) org If the organization answ Tax) (see separate instr • Section 501(c)(4), (5) Name of organization Part I-A Completion	vered "Yes," or anizations: Complete than section 50 ations: Complete vered "Yes," or anizations that I anizations that I vered "Yes," or uctions), then , or (6) organizat NATIONA HEALTH, ete if the org	h Form 990, Part IV, line 4, or For have filed Form 5768 (election und have NOT filed Form 5768 (election form 990, Part IV, line 5 (Proxy tions: Complete Part III. L INSTITUTE FOR R INC . Janization is exempt under cation's direct and indirect political	m 990-EZ, Part V, lin plete Part I-C. Parts I-A and C below. m 990-EZ, Part VI, lin ler section 501(h)): Co n under section 501(h) Tax) (see separate in EPRODUCTIVE r section 501(c) of campaign activities in	Do not complete Par Do not complete Par ne 47 (Lobbying Act mplete Part II-A. Do r)): Complete Part II-B nstructions) or Form cor is a section 52 on Part IV.	t I-B. ivities), the not completed by Do not completed on 990-EZ, Employee 27 organ	ivities), then ivities), then ete Part II-B. complete Part II-A. Part V, line 35c (Proxy er identification number ** - * * * 0 2 5 7 nization.
2 Political campaign a	-				▶ \$	
	, ,	gn activities				
	political campai				·	
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
		incurred by the organization unde			▶\$	
	-	incurred by organization manager				
		n 4955 tax, did it file Form 4720 fo				
						Yes No
b If "Yes," describe in						
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section &	501(c)(3).
1 Enter the amount d	irectly expended	d by the filing organization for sect	ion 527 exempt functi	ion activities	► \$	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for se	ction 527		
exempt function ac	tivities				▶\$_	
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,			
line 17b					▶\$_	
		1120-POL for this year?				Yes No
made payments. Fo	or each organiza ved that were pro	nployer identification number (EIN) tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid	from the filing organiz separate political orga	ation's funds. Also er inization, such as a s	nter the ar	mount of political
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's co ter -0	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0

27 I Schedule C (Form 990 or 990-EZ) 2019 I Part II-A Complete if the organise section 501(h)).	HEALTH	I, INC	STITUTE FOR • • • • • • • • • • • • • • • • • • •		**_*	**0257 Page 2 ction under
A Check 🕨 🗌 if the filing organizat	tion belong	s to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share			. ,			
Limit	heck if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					
1a Total lobbying expenditures to influb Total lobbying expenditures to influc Total lobbying expenditures (add lir	2,454. 270,488. 272,942.					
d Other exempt purpose expenditure					7,141,481.	
 e Total exempt purpose expenditures f Lobbying nontaxable amount. Ente 					7,414,423. 520,721.	
If the amount on line 1e, column (a) or			bying nontaxable amo		520,721.	
Not over \$500,000	(0) 15.		he amount on line 1e.			
Over \$500,000 but not over \$1,000	.000		0 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,50			0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exces			
Over \$17,000,000		\$1,000,0	000.			
 h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zero 	 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) 					
(Some organizations th)1(h) election do not h ate instructions for lin		f the five columns be	low.
	Lobb	ying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	431	,376.	461,226.	546,795.	520,721.	1,960,118.
b Lobbying ceiling amount (150% of line 2a, column(e))						2,940,177.
c Total lobbying expenditures				447,706.	272,942.	720,648.
d Grassroots nontaxable amount	107	,844.	115,316.	136,699.	130,180.	490,039.
e Grassroots ceiling amount (150% of line 2d, column (e))	-			,		735,059.
f Grassroots lobbying expenditures				193,163.	2,454.	195,617.

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 HEALTH, INC. 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 e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1 a	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: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b) Part I	II-A, line	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 amounts of politic					
	expenses for which the section 527(f) tax was paid).					
а	Current year		. 2a			
b	Carryover from last year		. 2b			
	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

	29	-					OMB No. 1545-00	147
SCI	CHEDULE D Supplement			al Financial Statements			OMB No. 1545-00	.47
(Forn	n 990)			anization answered "Yes" on Form 990,		2019	J	
Departi	ment of the Treasury			, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Put	olic	
	Revenue Service			90 for instructions and the latest informat			Inspection	
Nam	e of the organization	HEALTH,		FOR REPRODUCTIVE	Ei		lentification nu - * * * 0 2 5 7	
Par	t I Organizati			d Funds or Other Similar Funds o	r Accol			
I ai			Form 990, Part IV, lin				simplete il trie	
	organization		1 0111 000, 1 art 10, 111	(a) Donor advised funds	(b) F	unds and o	other accounts	
1	Total number at end	of vear			. ,			
2	Aggregate value of c							
3			year)					
4	Aggregate value at e							
5	Did the organization			writing that the assets held in donor advised	funds			
	are the organization'	s property, subject	to the organization's	exclusive legal control?		C	Yes	No
6	Did the organization	inform all grantees	, donors, and donor a	dvisors in writing that grant funds can be us	ed only			
	for charitable purpos	es and not for the l	penefit of the donor o	r donor advisor, or for any other purpose co	nferring	_		
_	impermissible private						Yes	No
Par	t II Conservat	ion Easements	 Complete if the org 	ganization answered "Yes" on Form 990, Pa	rt IV, line	7.		
1	Purpose(s) of conser	vation easements h	held by the organization	on (check all that apply).				
	Preservation o	f land for public use	e (for example, recrea	tion or education)	historica	lly importa	nt land area	
	Protection of r	natural habitat		Preservation of a	certified	historic str	ucture	
	Preservation o							
2	Complete lines 2a th	rough 2d if the orga	anization held a qualif	ied conservation contribution in the form of	a conser	vation ease	ement on the la	st
	day of the tax year.					Held at	the End of the Ta	<u>x Year</u>
а	Total number of cons	servation easement	S		2 a	<u>ا</u>		
b	Total acreage restric	•						
С				ucture included in (a)		;		
d			., .	after 7/25/06, and not on a historic structure				
					20			
3		tion easements mo	dified, transferred, rel	eased, extinguished, or terminated by the o	rganizatio	on during t	ne tax	
	year							
4			ct to conservation eas					
5	•		ervation easements it	iodic monitoring, inspection, handling of		Г	Yes	No
6	,			handling of violations, and enforcing conser				
U			ormoring, inspecting,	handing of violations, and emotoling conser	vation ca	Sements d	anng the year	
7	Amount of expenses	 incurred in monito	ring inspecting hand	lling of violations, and enforcing conservatio	n easeme	ents durinc	the vear	
•	► \$		ning, niepoeting, name		in euconin		, the year	
8		tion easement repo	rted on line 2(d) abov	e satisfy the requirements of section 170(h)	(4)(B)(i)			
-	and section 170(h)(4)					Г	Yes	No
9				on easements in its revenue and expense st				
		-	-	ote to the organization's financial statemen			е	
	organization's accou	inting for conservat	ion easements.	-				
Par	t III Organizati	ions Maintainir	ng Collections of	Art, Historical Treasures, or Othe	er Simi	lar Asse	ts.	
	Complete if th	ne organization ans	wered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization ele	ected, as permitted	under FASB ASC 95	8, not to report in its revenue statement and	l balance	sheet wor	ks	
	of art, historical treas	sures, or other simil	ar assets held for put	lic exhibition, education, or research in furt	nerance c	of public		
	service, provide in Pa	art XIII the text of th	ne footnote to its finar	ncial statements that describes these items.				
b	If the organization ele	ected, as permitted	under FASB ASC 95	8, to report in its revenue statement and ba	ance she	et works o	of	
	art, historical treasur	es, or other similar	assets held for public	exhibition, education, or research in further	ance of p	oublic servi	ce,	
	provide the following	-						
	(i) Revenue include	d on Form 990, Pa	rt VIII, line 1			• \$		
	(ii) Assets included				····· •	• \$		
2	If the organization re	ceived or held work	ks of art, historical tre	asures, or other similar assets for financial g	ain, provi	de		
	•	•	•	SC 958 relating to these items:				
						• \$		
					🕨	• \$		
LHA	For Paperwork Red	uction Act Notice,	see the Instructions	s for Form 990.		Schedu	le D (Form 990) 2019

932051 10-02-19

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Sche	dule D (Form 990) 2019 HEALTH ,							***0257	
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	Other S	imilar Ass	ets (continu	ued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	s, check	any of the	following that	make signi	ficant use of	its	
а	Public exhibition	c	•	oan or exc	hange progra	m			
b	Scholarly research	e			ange progra				
	Preservation for future generations	e							
c				£					
4	Provide a description of the organization's co				0			art XIII.	
5	During the year, did the organization solicit or								
Do	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange							Yes	No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatio	on answered "	Yes" on Fo	orm 990, Part	IV, line 9, or	
4									
па	Is the organization an agent, trustee, custodia		-						 .
-	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:				-	
								Amount	
	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 amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial accou	unt liability?	· · · · · · · · · · · · · · · · · · ·	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete it	f the organization ar	nswered '	"Yes" on Fo	orm 990, Part	IV, line 10.			
		(a) Current year	(b) P	rior year	(c) Two year	s back (d)	Three years ba	ack (e) Four	years back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
C									
4	and programs								
	Administrative expenses								
g	End of year balance))				
2	Provide the estimated percentage of the curre	•		, column (a)) held as:				
-	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administer	ed for the c	organization	Г	
	by:								Yes No
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on So	chedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.					
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, line	e 10.		
	Description of property	(a) Cost or c		(b) Cost	t or other	(c) Accu	umulated	(d) Book	value
		basis (investr	ment)	basis	(other)	depre	ciation		
1a	Land								
	Buildings								
	Leasehold improvements			9	8,980.	9	8,980.		0.
	Equipment			7	9,930.	5	8,973.	20	,957.
	Other				2,286.		8,108.		,178.
	. Add lines 1a through 1e. (Column (d) must ed		X. colum						,135.

Schedule D (Form 990) 2019

Bechedule D (Form 990) 2019 HEALTH, INC. Part VII Investments - Other Securities.	· · · · · · · · · · · · · · · · · · ·		-***0257 Page
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
) Financial derivatives			y
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	▶	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
			120 06
(2) DEFERRED RENT (3) DUE TO NIRH AF			438,86 246,06

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

684,922.

X

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(4) (5) (6) (7) (8) (9)

	32 NATIONAL INSTITUTE FOR F	REPRODUCTI	VE			
Sche	dule D (Form 990) 2019 HEALTH, INC.			**_	***0257	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,509	<u>,388.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-5,306.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-5	<u>,306.</u>
3	Subtract line 2e from line 1			3	5,514	<u>,694.</u>
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	4a				
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	5	5,514	,694.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per l	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			, ,		400
1	Total expenses and losses per audited financial statements			1	7,414	,423.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
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		0.
3	Subtract line 2e from line 1			3	7,414	,423.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)	4b				•
С	Add lines 4a and 4b			4c		<u> </u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	7,414	,423.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

ΝΑΨΤΟΝΑΤ.	TNSTTTITE	FOR	REPRODUCTIVE	ΗΕΔΙ.ΤΗ	TNC	HAS	DETERMINED	ጥዝልጥ	THERE
INVITOUVU	TROTTOTE	TOK	KELKODOCITVE	11060111,	TIC	IIGO		TUVT	

ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR

DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING JUNE 30, 2020 AND

SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

33								
SCHEDULE I			Grants and Oth					OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United S								2019
		Comp	lete if the organizatio			rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service				Attach to For				Open to Public
	NATIONAL	TNOTTOT		s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization	HEALTH, I		E FOR REPROD	UCTIVE				Employer identification number **-***0257
Part I General Infor	mation on Grants a	nd Assistance						
-			e amount of the grants			-		
criteria used to awar	rd the grants or assis	stance?						X Yes No
			itoring the use of grant					
		-	izations and Domestic			anization answered "ነ	es" on Form 990, Parl	IV, line 21, for any
			n be duplicated if additi			(f) Method of	T	Т
1 (a) Name and addre or govern	-	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS WOMEN'S HEALT	TH JUSTICE							
PO BOX 94609		**-***3201	F01 (G) (D)					URBAN INITIATIVE - LOCAL
OAKLAND, CA 94609		**-**3201	501(C)(3)	20,000.	0.			GRANTS FOR PARTNERS
ARIZONA FAMILY HEALT	H PARTNERSHIP							
3101 N CENTRAL AVE S								
PHOENIX, AZ 85012		**-***9607	501(C)(3)	15,000.	٥.			LARC ACCESS PROJECT
CHERRY HILL WOMEN'S	CENTER							
601 CHAPEL AVENUE EA	AST							
CHERRY HILL, NJ 0803	34	**-**8660	501(C)(3)	85,000.	٥.			NIRH STATE GRANT
CHICAGO ABORTION FUN	1D							
333 W NORTH AVE								URBAN INITIATIVE - LOCAL
CHICAGO, IL 60610		**-***1293	501(C)(3)	20,000.	٥.			GRANTS FOR PARTNERS
								SEED FUNDING FOR DESERT
DESERT STAR INSTITUT	TE FOR FAMILY							STAR INSTITUTE TO HOLD
PLANNING - 5501 N 19	OTH AVE -							REPRODUCTIVE JUSTICE
PHOENIX, AZ 85015		**-***3284	501(C)(3)	15,000.	0.			CONVENING WITH LOCAL
FRACTURED ATLAS								
228 PARK AVE SOUTH 5	56651							
NEW YORK, NY 10003		**-***1703	501(C)(3)	25,000.	0.			GENREAL PROGRAM GRANT
		•	rganizations listed in the	e line 1 table				▶ <u>19.</u>
3 Enter total number of	3							1.
LHA For Paperwork Re	eduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2019)

REPART IV FOR COLUMN (H) DESCRIPTIONS

NATIONAL INSTITUTE FOR REPRODUCTIVE

Schedule I (Form 990) HEALTH , INC .

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENDER JUSTICE 200 UNIVERSITY AVE NO 200 ST PAUL, MN 55103	**-**3630	501(C)(3)	20,000.	0.			URBAN INITIATIVE - LOCA GRANTS FOR PARTNERS
HEALTH EQUITY SOLUTIONS L75 MAIN STREET 3RD FLOOR WEST HARTFORD, CT 06106	**-**1055	501(C)(3)	35,000.	0.			NIRH STATE GRANT
INTERMOUNTAIN PLANNED PARENTHOOD 1116 GRAND AVE, SUITE 201 BILLINGS, MT 59102	**-***7201	501(C)(3)	15,000.	0.			LARC ACCESS PROJECT
MICHIGAN ORGANIZATION ON ADOLESCENT SEXUAL HEALTH - PO BOX 1386 - EAST LANSING, MI 48826	**-***6862	501(C)(3)	20,000.	0.			URBAN INITIATIVE - LOCA GRANTS FOR PARTNERS
NARAL PRO-CHOICE CONNECTICUT INC 1 MAIN ST T4 HARTFORD, CT 06106	**-***0165	501(C)(3)	35,000.	0.			NIRH STATE GRANT
WARAL PRO-CHOICE VIRGINA COUNDATION - 901 N WASHINGTON STREET NO 603 - ALEXANDRIA, VA 22314	**-***1790	501(C)(3)	7,500.	0.			NIRH STATE GRANT
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH ACTION FUND - 14 WALL SREET - NEW YORK, NY 10005	**-***4132	501(C)(4)	919,769.	0.			women's health program
NC SURVIORS UNION 1114 GROVE STREET GREENSBORO, NC 27403	**-**9340	501(C)(3)	20,000.	0.			URBAN INITIATIVE - LOCA GRANTS FOR PARTNERS
NEW JERSEY POLICY PERSPECTIVE 137 WEST JANOVER ST TRENTON, NJ 08608	**-***2715	501(C)(3)	55,000.	0.			NIRH STATE GRANT

Schedule I (Form 990)

NATIONAL INSTITUTE FOR REPRODUCTIVE

HEALTH, INC. Schedule I (Form 990)

-*0257 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRO-CHOICE MASSACHUSETTS FOUNDATION - 15 COURT SQUARE #900 - BOSTON, MA 02108	**-**9358	501(C)(3)	182,000.	0.			NIRH STATE GRANT
PROGRESS NOW EDUCATION 514 N SEYMOUR AVENUE JANSING, MI 48933	**-***0291	501(C)(3)	7,500.	0.			NIRH STATE GRANT
WEST FUND INC. PO BOX 920088 EL PASO, TX 79902	**_**3283	501(C)(3)	20,000.	0.			URBAN INITIATIVE - LOCAN GRANTS FOR PARTNERS
WHOLE WOMAN'S HEALTH ALLIANCE 1812 CENTRE CREEK DRIVE, SUITE 205 AUSTIN, TX 78754	**_**8393	501(C)(3)	20,000.	0.			URBAN INITIATIVE - LOCA GRANTS FOR PARTNERS
WISCONSIN ALLIANCE FOR WOMEN'S HEALTH - P.O. BOX 1726 - MADISON, WI 53701	**-***7566	501(C)(3)	25,000.	0.			NIRH STATE GRANT

Schedule I (Form 990) (2019)

NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH, INC.

-*0257

Page 2

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

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

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

PART I, LINE 2:

THE NATIONAL INSTITUTE ISSUES A REQUEST FOR PROPOSALS ("RFP") FROM

501(C)(3) ORGANIZATIONS AROUND THE COUNTRY INTERESTED IN IMPLEMENTING A

SPECIFIC PROJECT RELATED TO OUR PROGRAM. THE RFP DELINEATES SPECIFIC

GUIDELINES THE ORGANIZATION MUST MEET IN ORDER TO QUALIFY, INCLUDING

BUDGET, TIMELINE, PROJECT GOALS, EVALUATION PLANS AND ORGANIZATIONAL

OVERVIEW. THE SUBMITTED PROPOSALS ARE THEN REVIEWED BY A STAFF COMMITTEE

AND RANKED BASED ON SEVERAL CRITERIA. THE STAFF RECOMMENDATIONS ARE

REVIEWED BY THE PRESIDENT, WHO MAKES THE FINAL DECISION. ALL GROUPS THAT

3	37	NATIONAL	INSTITUTE	FOR	REPRODUCTIVE		
	(Form 990)		INC.			**-***0257	Page 2
Part IV	Supplemental Info	rmation					

RECEIVE FINANCIAL SUPPORT FROM THE NATIONAL INSTITUTE ARE REQUIRED TO SIGN

A MEMORANDUM OF UNDERSTANDING AND SUBMIT A DETAILED STRATEGIC PLAN THAT

INCLUDES A SET OF SPECIFIC GOALS AND DELIVERABLES THROUGHOUT THE COURSE OF

THE PROJECT. THE NATIONAL INSTITUTE STAFF HOLDS REGULAR CONFERENCE CALLS

AND, WHERE APPROPRIATE, SITE VISITS. AT THE CONCLUSION OF ALL GRANT CYCLES,

GRANTEES ARE REQUIRED TO SUBMIT A DETAILED REPORT THAT INCLUDES AN

EVALUATION AND FINANCIAL ACCOUNTING TO THE GRANT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

DESERT STAR INSTITUTE FOR FAMILY PLANNING

(H) PURPOSE OF GRANT OR ASSISTANCE: SEED FUNDING FOR DESERT STAR

INSTITUTE TO HOLD REPRODUCTIVE JUSTICE CONVENING WITH LOCAL LEADER

60	38 HEDULE J	Compensation Information	OM	3 No. 1545-0	047	
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		0040		
(10	ini 330j	For certain Officers, Directors, Trustees, Key Employees, and Hignest Compensated Employees		2019		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	On	Open to Public		
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		nspectio		
	e of the organizatio		mployer identifi	ication n	umber	
	Ū	HEALTH, INC.	**_***0	257		
Pa	rt I Question	s Regarding Compensation		-		
	•			Yes	s No	
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form 99	ю, Г			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or	charter travel Housing allowance or residence for persona	ll use			
	Travel for con	npanions Payments for business use of personal resid	dence			
	Tax indemnifi	cation 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 organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?	L	2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organization	to			
	· ·	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensatio					
		compensation consultant				
	X Form 990 of c	ther organizations X Approval by the board or compensation con	nmittee			
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
_	-	elated organization:		4-	v	
a L		ce payment or change-of-control payment?	Γ	4a	X X	
b	• •	ceive payment from, a supplemental nonqualified retirement plan?		4b	X	
C		ceive payment from, an equity-based compensation arrangement?		4c		
	I Tes to any of i	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
•	contingent on the					
а	0			5a	X	
		zation?		5b	X	
-		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the I					
а	The organization?	~ 		6a	X	
b	Any related organiz	zation?	Γ	6b	X	
		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				
		nes 5 and 6? If "Yes," describe in Part III		7	X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	L	8	X	
9	If "Yes" on line 8, o	lid the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J (Form 99	0) 2019	

Schedule J (Form 990) 2019

HEALTH, INC.

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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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
(1) ANDREA MILLER	(i)	263,280.	0.	0.	10,600.	16,258.	290,138.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHERINE SUPPLE	(i)	133,634.	0.	0.	5,135.	13,587.	152,356.	0.
VP FOR FINANCE AND ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIELLE CASTALDI-MICCA	(i)	135,025.	0.	0.	5,535.	13,969.	154,529.	0.
VP OF POLITICAL AND GOV	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHANNON CAREY	(i)	179,642.	0.	0.	0.	15,105.	194,747.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TARA E. SWEENEY	(i)	143,141.	0.	0.	5,900.	14,343.	163,384.	0.
VP OF COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2019

Part III Supplemental Information

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

Schedule J (Form 990) 2019

41	
SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

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ZU

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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► Go to www.irs.gov/Form990 for instructions and the latest information. ΝΔΨΤΟΝΔΤ. INSTITUTE FOR REPRODUCTIVE

Employer identification number

	HEALTH, INC.		ION NEIK	<i>,,,,,,,,,,,,,</i>	**_	- * * * 0		
art	t 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 contr			S
	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities - Publicly traded	X	9,135	2,021,576.	FAIR MARKE	T VA	LUE	
	Securities - Closely held stock							
	Securities - Partnership, LLC, or trust interests							
	Securities - Miscellaneous							
	Qualified conservation contribution -							
	Historic structures							
	Qualified conservation contribution - Other							
	Real estate - Residential							
	Real estate - Commercial							
	Real estate - Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other 🕨 ()							
	Other 🕨 ()							
	Other 🕨 ()							
	Other ► (
	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part IV, [Donee Acknowledg	ement				
							Yes	Ν
а	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?	?				. 30a		2
b	If "Yes," describe the arrangement in Part II.							
	Does the organization have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard contribut	ions?	. 31		2
а	Does the organization hire or use third parties of	or related or	ganizations to solic	t, process, or sell noncash				
	contributions?					32a	Х	
b	If "Yes " describe in Part II							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH'S BROKERAGE ACCOUNT, WHERE

THE CORPORATION RECEIVES STOCK CONTRIBUTIONS, IS HELD AT MORGAN

STANLEY. WHEN DIRECTED, MORGAN STANLEY SELLS THE STOCK/NON-CASH

CONTRIBUTIONS.

43 SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

NATIONAL INSTITUTE FOR REPRODUCTIVE

Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection

-*0257

OMB No. 1545-0047

HEALTH, INC.

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

UNAPOLOGETIC APPROACH TO, REPRODUCTIVE RIGHTS, HEALTH, AND JUSTICE

THROUGH BOLD ADVOCACY, CREATIVE EDUCATION CAMPAIGNS, AND HIGH-IMPACT

PARTNERSHIPS DESIGNED TO CHANGE PUBLIC POLICY, GALVANIZE PUBLIC

SUPPORT, AND NORMALIZE WOMEN'S DECISIONS TO HAVE ABORTIONS AND USE

CONTRACEPTION. WE INVEST IN UP-AND-COMING LEADERS AND ASSIST ADVOCATES

ON THE GROUND, IDENTIFY AND SUPPORT INNOVATIVE PARTNERSHIPS, AND

FACILITATE COLLABORATION. WE LEVERAGE PRO-CHOICE SUPPORT IN PROGRESSIVE

AREAS TO STRENGTHEN ADVOCACY NETWORKS IN HOSTILE REGIONS, AND BUILD

GROUNDSWELLS OF SUPPORT TO ADVANCE THE PRO-CHOICE AGENDA FOR THE

FUTURE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PUBLIC SUPPORT, AND NORMALIZE WOMENS DECISIONS TO HAVE ABORTIONS AND USE CONTRACEPTION. WE INVEST IN UP-AND-COMING LEADERS AND ASSIST ADVOCATES ON THE GROUND, IDENTIFY AND SUPPORT INNOVATIVE PARTNERSHIPS, AND FACILITATE COLLABORATION. WE LEVERAGE PRO-CHOICE SUPPORT IN PROGRESSIVE AREAS TO STRENGTHEN ADVOCACY NETWORKS IN HOSTILE REGIONS, AND BUILD GROUNDSWELL OF SUPPORT TO ADVANCE THE PRO-CHOICE AGENDA FOR

THE FUTURE.

 FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

 PROGRAM SERVICE ACCOMPLISHMENTS: INCLUDING ABORTION. THE NATIONAL

 INSTITUTE PROVIDES SPACE FOR PARTNERS WORKING ON SIMILAR INITIATIVES TO

 SHARE RESOURCES AND BEST PRACTICES AND OFFERS ACCESS TO OUR EXTENSIVE

 NETWORK OF ADVOCATES, OFFICIALS, AND ALLIED NATIONAL ORGANIZATIONS

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

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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH, INC.	Page 2 Employer identification number **-**0257
SPANNING A BROAD RANGE OF EXPERTISE. WE HAVE SUPPORTED ADV	OCATES AND
ELECTED OFFICIALS IN SUCH IMPORTANT WORK AS CREATING COMPR	EHENSIVE
POLICY AGENDAS THAT SUPPORT THE FULL SPECTRUM OF REPRODUCT	IVE AND
MATERNAL HEALTH, INCLUDING ABORTION, DEVELOPING POLICIES A	ND OTHER
INITIATIVES TO INCREASE ACCESS TO REPRODUCTIVE HEALTH CARE	, INCLUDING A
SPECIFIC FOCUS ON UNDERUTILIZED FORMS OF CONTRACEPTION, EN	GAGING IN
CREATIVE AND BOLD DEFENSE AGAINST ANTI-CHOICE BILLS, AND S	UPPORTING
PROACTIVE POLICY ON ABORTION.	
IN 2020, THROUGH ITS PARTNERSHIP PROGRAMS AT THE STATE LEV	EL, THE
NATIONAL INSTITUTE FOCUSED ON PROTECTING AND EXPANDING ACC	ESS TO
ABORTION CARE, STRENGTHENING ADVOCACY BY INDEPENDENT ABORT	ION

LIVES.

AMONG THE MOST NOTABLE SUCCESSES ACHIEVED BY NIRH AND ITS STATE

PROVIDERS, SECURING ACCESS TO CONFIDENTIAL FAMILY PLANNING SERVICES,

AND INCREASING ACCESS TO LONG-ACTING REVERSIBLE CONTRACEPTION (LARC).

AS IT DID SO, IT SOUGHT TO ADVANCE A PROACTIVE ABORTION RIGHTS VISION,

ENGAGE A NEW AND BROAD BASE OF SUPPORTERS, AND REDUCE SHAME AND STIGMA

BY PUBLICLY PROMOTING THE AFFIRMATIVE VALUE OF ABORTION IN WOMEN'S

PARTNERS IN 2020:

MASSACHUSETTS AND VIRGINIA ENACTED PROACTIVE ABORTION LEGISLATION,

REPEALING MAJOR BARRIERS TO ABORTION CARE. THE PASSAGE OF VIRGINIA'S

REPRODUCTIVE HEALTH PROTECTION ACT IS PARTICULARLY IMPORTANT, AS IT

LAID GROUNDWORK FOR THE COMMONWEALTH TO BECOME A CRITICAL POINT OF

ACCESS FOR PEOPLE SEEKING ABORTIONS ACROSS THE SOUTHEAST, A REGION IN

AS SHUTDOWNS RELATED TO THE PANDEMIC BEGAN, NIRH WORKED TO ENSURE TO ENSURE THAT REPRODUCTIVE HEALTH CARE REMAINED CLASSIFIED AS ESSENTIAL IN NEW YORK, AS ITS PARTNERS DID SO IN STATES INCLUDING MASSACHUSETTS, NEW JERSEY, AND VIRGINIA. IN ADDITION, ITS CONNECTICUT PARTNER SECURED RESOLUTIONS IN SIXTEEN TOWNS CALLING OUT RACISM AS A PUBLIC HEALTH EMERGENCY.

IN NORTH CAROLINA, ADVOCATES SECURED A VETO OF A BILL THAT WOULD HAVE CRIMINALIZED PREGNANT PEOPLE FOR USING RUGS, THEREBY DISCOURAGING THEM FROM SEEKING PRENATAL CARE AND CAUSING FAMILIES TO LOSE CUSTODY OF THEIR CHILDREN.

AT THE BEGINNING OF OCTOBER, GOVERNOR MURPHY ANNOUNCED THE INTRODUCTION OF NEW JERSEY'S REPRODUCTIVE FREEDOM ACT, WHICH WOULD ENSHRINE THE RIGHT TO MAKE REPRODUCTIVE DECISIONS INTO STATE LAW, WHILE EXPANDING ACCESS TO REPRODUCTIVE HEALTH CARE, INCLUDING CONTRACEPTION AND ABORTION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAM SERVICE ACCOMPLISHMENTS: INNOVATIVE AND BOLD STRATEGIES THAT SERVE THEIR COMMUNITY AND BUILD PROACTIVE MOMENTUM THAT REVERBERATES BEYOND THE COUNTY LINE. SINCE THE INITIATIVE'S LAUNCH, WE HAVE SUPPORTED ADVOCATES AND ELECTED OFFICIALS IN ADDRESSING THE ISSUES THAT IMPACT THEIR COMMUNITIES THE MOST, INCLUDING COMPREHENSIVE SEX EDUCATION AND TEEN-FRIENDLY REPRODUCTIVE HEALTH CARE, THE DECEPTIVE PRACTICES OF CRISIS PREGNANCY CENTERS, PUBLIC FUNDING FOR ABORTION, REPRODUCTIVE JUSTICE FOR INCARCERATED WOMEN, SAFE ACCESS TO ABORTION

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Schedule O (Form 990 or 9	90-EZ) (2019)	Page 2
Name of the organization	NATIONAL INSTITUTE FOR REPRODUCTIVE	Employer identification number
	HEALTH, INC.	**-***0257

CLINICS FOR PATIENTS, VOLUNTEERS, AND STAFF, AND MORE.

IN 2020, THROUGH ITS PARTNERSHIP PROGRAMS AT THE LOCAL LEVEL, THE NATIONAL INSTITUTE FOCUSED ON PROTECTING AND EXPANDING ACCESS TO ABORTION CARE. TO DO SO, IT PARTNERED WITH ORGANIZATIONS TO FOCUS SPECIFICALLY ON LOCALITIES ACROSS THE COUNTRY, INCLUDING CHICAGO, IL, COLUMBUS, OH, LOS ANGELES COUNTY, LOUISVILLE, KY, MINNEAPOLIS, MN, AND SOUTH BEND, IN; THESE EFFORTS FOCUSED ON ISSUES SUCH AS ABORTION FUNDING AND PROMOTING EFFORTS TO SAFEGUARD CLINICS AND HEALTH CARE PROVIDERS AGAINST ATTACKS. ITS WORK IN CITIES ALSO INCLUDED EFFORTS TO CULTIVATE YOUTH LEADERSHIP IN EL PASO, TX, MINNEAPOLIS AND ST. PAUL, MN, AND SAGINAW, MI, AND TO SUPPORT HEALTHY FAMILIES IN BLOOMINGTON, IN AND GREENSBORO, NC.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: TO EXPLORING GENDER IDENTITY TO BODY IMAGE AND SELF-ESTEEM. TORCH PEER LEADERS ALSO DEVELOPED AND FACILITATED AN ENTIRELY YOUTH LED TEEN NIGHT ON RAPE CULTURE. OVER 40 YOUNG PEOPLE FROM ACROSS NYC PARTICIPATED IN THIS EVENT. ADDITIONALLY, TORCH STAFF PRESENTED AT TWO NATIONAL CONFERENCES ON THE INTERSECTIONALITY OF RACE AND SEXUALITY AND HOW TO ADVANCE SOCIAL JUSTICE IN THE SEX ED CLASSROOM. TORCH CONTINUED TO STRENGTHEN COMMUNITY RELATIONSHIPS IN THE BRONX AND BROOKLYN TO BUILD ON THE COMPREHENSIVE SITE PROJECT WHICH WILL BRING YOUTH INFORMED COMPREHENSIVE SEXUALITY EDUCATION TO NYC PUBLIC SCHOOL STUDENTS IN LOW NO RESOURCE NEIGHBORHOODS DURING THE SCHOOL DAY.

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

SENIOR STAFF REVIEWS THE DRAFT FORM 990. DRAFT IS SUBSEQUENTLY SENT TO 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

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Schedule O (Form 990 or 990-EZ) (2019) Pa								
Name of the organization NA HE	Employer identification number * * - * * * 0257							
AUDIT COMMITTEE	FOR ADDITIONAL REVIEW UPON COMMITTEE'S SATI	SFACTION, THE						

990 IS PRESENTED TO THE FULL BOARD PRIOR TO FILING.

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

DISCLOSURE BY BOARD MEMBERS IS UPDATED AT LEAST ANNUALLY. DISCLOSURE OF ALL FACTS PERTAINING TO POTENTIAL CONFLICT SHALL BE MADE TO THE BOARD. FACT GATHERING AND REVIEW BY THE BOARD DETERMINES IF CONFLICT EXISTS. WHILE THE POTENTIAL FOR CONFLICT OF INTEREST IS UNDER REVIEW, ALL PERSONS UNDER REVIEW OF RELATING TO THE BUSINESS ACTION UNDER REVIEW WILL BE PROHIBITED FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS. THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST.

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

THE COMPENSATION OF THE PRESIDENT IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST. THE BOARD'S CHAIRS WITH INPUT FROM THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR CONDUCTING AN ANNUAL IN-PERSON OR VIDEO CONFERENCE, WRITTEN EVALUATION OF THE PRESIDENT AND RECOMMENDING COMPENSATION ADJUSTMENT FOR THE PRESIDENT TO THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE RELIES ON THIS RECOMMENDATION, HIGHLIGHTS OF THE PRESIDENT'S REVIEW, APPROPRIATE DATA AS TO THE COMPARABILITY OF SIMILAR NONPROFITS (AS REQUIRED BY THE IRS) AND OTHER RELEVANT FACTORS IN DETERMINING ITS RECOMMENDATION IN A WRITTEN REPORT TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ARE RESPONSIBLE FOR APPROVAL OF THE PRESIDENT'S COMPENSATION ADJUSTMENT. BOARD MINUTES WILL REFLECT THIS ACTION.

48 Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH, INC.	Employer identification number **-**0257
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ALL DOCUMENTS AVAILABLE UPON REQUE	ST TO FOUNDATION
SUPPORTERS, DONORS, AND GOVERNMENT ENTITIES.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES AND CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	737,461.
MANAGEMENT AND GENERAL EXPENSES	224,813.
FUNDRAISING EXPENSES	177,507.
TOTAL EXPENSES	1,139,781.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,139,781.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

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SCHEDULE R			

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	NATIONAL INSTITUTE FOR REPRODUCTIVE

HEALTH, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH	TO PRESERVE AND EXPAND THE						
ACTION FUND - 13-2934132, 14 WALL STREET	FULL RANGE OF REPRODUCTIVE						
SUITE 3B, NEW YORK, NY 10005	HEALTH CARE	NEW YORK	501(C)(4)		N/A		х
WINNING MESSAGE ACTION FUND - 26-2118541	TO ADDRESS GROWING ATTACKS						
14 WALL STREET SUITE 3B	ON WOMEN'S REPRODUCTIVE						
NEW YORK, NY 10005	HEALTH CARE ACCESS	NEW YORK	501(C)(4)		N/A		Х

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

2019

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Employer identification number

-*0257

Schedule R (Form 990) 2019 HEALTH, INC.

-*0257 Page 2

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

	r an	· , ·									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			al or Percentage ^{ing} ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	lo
											<u> </u>
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) :tion ɔ)(13) rolled ity?
		country)		of truoty		400010		Yes	No

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Schedule R (Form 990) 2019 HEALTH, INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	<u> </u>
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		I X	ζ
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g	I	
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)		_	
m Performance of services or membership or fundraising solicitations by related organization(s)		n X	ζ
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	ζ
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	11		
s Other transfer of cash or property from related organization(s)			

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH			
(1) ACTION FUND	В	919,837.	USAGE
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH			
(2) ACTION FUND	E	186,150.	USAGE
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH			
(3) ACTION FUND	М	61,933.	HOURS
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH			
(4) ACTION FUND	N	526,459.	HOURS
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2019 HEALTH, INC.

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

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

(a)	(b)	(c)		(e)	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are a Are a partners 501(c orgs	all s sec.	Share of	Share of		ropor- nate	Code V-UBI	General o	Percentage
of entity		(state or foreign	(related, unrelated,	501(c orgs)(3) .?	total	end-of-year	tio alloca	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets		No	(Form 1065)	Yes No	
					-+							

Schedule R (Form 990) 2019

	(Form 990) 2019	HEAL
Part VII	Supplemental	Information

Provide additional information for responses to questions on Schedule R. See instructions.



CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

. Inspection

1.General Informat	tion	
For Fiscal Year Beginnin	g (mm/dd/yyyy) 07/01/2019 and Ending (mm/d	d/yyyy) 06/30/2020
Check if Applicable: Address Change	Name of Organization: NATIONAL INSTITUTE FOR REPRODUC	Employer Identification Number (EIN):CTIVE HEAL**-***0257
Name Change Initial Filing	Mailing Address: 14 WALL STREET, NO. 3B	NY Registration Number: $04-20-06$
Final Filing Amended Filing	City / State / ZIP: NEW YORK, NY 10005	Telephone: 212 343-2031
Reg ID Pending	Website: WWW.NIRHEALTH.ORG	Email: KSUPPLE@NIRHEALTH.O
Check your organization' registration category:	's 7A only EPTL only 🚺 DUAL (7A & EPTL	.) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.
2. Certification		
See instructions for certit two signatories.	fication requirements. Improper certification is a violation of law	that may be subject to penalties. The certification requires
	penalties of perjury that we reviewed this report, including all att re true, correct and complete in accordance with the laws of the	
President or Authorized	Officer:	ANDREA MILLER PRESIDENT
	Signature	Print Name and Title Date KATE SUPPLE
Chief Financial Officer o	r Treasurer:Signature	VP OF FINANCE AND AD Print Name and Title Date
3. Annual Reporting	g Exemption	
categories (DUAL filers) t additional attachments a	that apply to your filing. If your organization is claiming an exem that apply to your registration, complete only parts 1, 2, and 3, a re required. If you cannot claim an exemption or are a DUAL file nts and pay applicable fees.	and submit the certified Char500. No fee, schedules, or
	ng exemption: Total contributions from NY State including resic 25,000 <u>and</u> the organization did not engage a professional fund	

<u>3b. EPTL filing exemption:</u> Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and	Attachm	ents	
See the following page			
for a checklist of	Yes	X No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer
schedules and			for fund raising activity in NY State? If yes, complete Schedule 4a.
attachments to			
complete your filing.	X Yes	No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

э. гее					
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order	
next page to calculate your				payable to:	
fee(s). Indicate fee(s) you				1 5	
are submitting here:	\$ 25.	\$ 250.	\$ <u>275.</u>	"Department of Law"	
are submitting here:	\$	\$	\$ <u>275.</u>	"Department of Law"	

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH, INC.

CHAR500 Annual Filing Checklist Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov *Is my Registration Category 7A, EPTL, DUAL or EXEMPT?* Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 22
- INS FOILI 990 EZ Fait I, III 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500 Schedule 4b: Government Grants

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Open to Public Inspection

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information Name of Organization: NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH, INC. 04-20-06

2. Government Grants

Name of Government Agency	Amount of Grant
1. NYC DEPARTMENT OF HEALTH	1. 176,000
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 176,000