990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A F	or th	e 202	2 calendar year, or tax year begi	nning 07/01/2	2022	and end	ling		06/30/	2023				
ъ.			C Name of organization					D Employer ide	entification n	umber				
D 0	heck if ap		PHYSICIANS FOR REPRO	DUCTIVE HEALTH	I									
	Addre chang		Doing Business As					13-	-369339	1				
	Name	change	Number and street (or P.O. box if mail is	not delivered to street add	ress)	Room/suite)	E Telephone number						
	Initial	return	PO BOX 35					(64	46)366-	1890				
	Term	inated	City or town, state or province, country,	and ZIP or foreign postal c	ode									
	Amen		HARTSDALE, NY 10530					G Gross receip	ts \$ 7,	088,7	68.			
		cation	F Name and address of principal officer:	JAMILA PERF	RITT			H(a) Is this a grou	up return for	Yes	X No			
		9	PO BOX 35, HARTSDALE	, NY 10530				subordinates H(b) Are all subord		Yes	No			
ī	Tax-ex	empt st	<u> </u>) (insert no.)	4947(a)(1)	or 5	527	If "No," attac	h a list. (see in:	structions)				
J	Websi	ite: ►	WWW.PRH.ORG	, , , , , , , , , , , , , , , , , , , ,				H(c) Group exemp	otion number	>				
K	Form	of organ	nization: X Corporation Trust	Association Other	>	L Year	of format	ion: 1992 M	State of lega	domicile:	NY			
$\overline{}$	art I		mmary						<u> </u>					
			describe the organization's mission of	or most significant activi	ties: ORGAI	NIZE. M	OBILI	ZE, AMPLITI	FY MEDI	CAL				
Ф	-		VIDER VOICES TO ADVANCE							<u> </u>				
anc			FICE. ENSURE ACCESS TO											
ern	2		this box if the organization of											
Š			er of voting members of the governing	•	•				3		10			
ಷ	4	Numb	er of independent voting members of	the governing hody (Pa	rt \/L line 1h)				4		9			
ies	5	Total	number of individuals employed in cal	endar vear 2022 (Part V	/ line 2a)				5		21			
₹	6	Total	number of individuals employed in ear	earu)	, iii c za)				6		132			
Activities & Governance	_	Total	unrelated business revenue from Part \	/III. column (C) line 12					7a					
			nrelated business taxable income from						7b					
_	- 5	ivet ui	Trelated business taxable income from	Form 990-1, line 34 .				Prior Year		urrent Y	ear			
Revenue	8	Contri	butions and grants (Part VIII, line 1h)				_	2,760,06		6 , 871				
	9	Drogr	om pervise revenue (Port VIII, line 2g)		СОР	Y FOR			ONE	0,0/1	NONE			
	_	Progra	am service revenue (Part VIII, line 2g)		PUBLIC II	NSPECTION	√			0.5				
æ			ovestment income (Part VIII, column (A), lines 3, 4, and 7d) 466, 141. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 42, 439.								769			
	11										768.			
_	12		revenue - add lines 8 through 11 (mus					3,268,64			,926.			
	13		s and similar amounts paid (Part IX, col		22,00			2,000.						
	14		its paid to or for members (Part IX, colu					1,448,99	ONE	2 207	NONE			
Expenses	15		es, other compensation, employee ben							2,297				
en	16a	Profes	ssional fundraising fees (Part IX, column	n (A), line 11e)	276 427		-	INC	ONE	13	,000.			
Ä	47		fundraising expenses (Part IX, column (024 05	- 0	1 450	224			
			expenses (Part IX, column (A), lines 1					934,05			,334.			
			expenses. Add lines 13-17 (must equa					2,405,05		3,790				
<u>- 0</u>		Rever	nue less expenses. Subtract line 18 from	n line 12				863,59		3,197 End of Yea				
ts o	00	-	· (D ·) (i · 10)					ning of Current Y						
Net Assets or Fund Balances	20		assets (Part X, line 16)				1	5,040,40		8,050				
et A	21						-	613,74			,449.			
			ssets or fund balances. Subtract line 2	1 from line 20				4,426,66	06.	7,807	,404.			
	rt II		gnature Block of perjury, I declare that I have examined the	in natural in alcoding a name					. many lemanula a	ما اسم مسالم	aliaf it ia			
			complete. Declaration of preparer (other tha						my knowied	ige and b	ellel, it is			
			A					00/5	1.4./0.004					
Sig	ın		Signature of officer					02/_ Date	14/2024					
He			•			_ ~								
			JAMILA PERRITT Type or print name and title		PRI	ESIDENT	& CE	O .						
		<u> </u>	<i>71</i> 1	Dronoror's signature		Date			: PTIN					
Paid	t		Type preparer's name	Preparer's signature				Check	"	011-				
	parer		HERINE BENDALL		NDALL	02/0	1/202		1 2 0 0 0	21196				
	Only	Firm's	sname > WITHUMSMITH+BROW	·				Firm's EIN	22-20					
				VD 14TH FL EAST BRUN				Phone no.	732-8		14			
			cuss this return with the preparer show		ons)					Yes	No			
For	Pape	rwork	Reduction Act Notice, see the separa	te instructions.						orm 99	0 (2022)			

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	77
1	Briefly describe the organization's mission:	Х
•	ORGANIZE, MOBILIZE, AND AMPLIFY THE VOICES OF MEDICAL PROVIDERS TO	
	ADVANCE SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE. WE	
	ENSURE ACCESS TO ABORTION CARE AND EQUITABLE, COMPREHENSIVE HEALTH	
	CARE.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
		A NO
	If "Yes," describe these new services on Schedule O.	
		X No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,118,556. including grants of \$) (Revenue \$)	
	EDUCATION, RESEARCH AND TRAINING - SEE SCHEDULE O.	
	EDUCATION, RECEIVED THAT THAT IN THE COMPANY OF	
4b	(Code:) (Expenses \$ 721,973. including grants of \$) (Revenue \$	
	PUBLIC POLICY AND COMMUNITY SUPPORT - (SEE SCHEDULE O FOR DETAILS)	
4c	(Code:) (Expenses \$ 1,066,618. including grants of \$) (Revenue \$	
	VOICE AND ENGAGEMENT/COMMUNICATIONS - (SEE SCHEDULE O FOR DETAILS)	
	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
_	(Expenses \$ 245,348. including grants of \$ 22,000.) (Revenue \$)	
4e	Total program service expenses 3,152,495.	

Form **990** (2022)

Form 990 (2022) Page **3**

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

Form 990 (2022)

Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		1/	
			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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 the 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Ш.
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 19			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 21							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ				
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		Χ				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	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		Χ				
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	Χ					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
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							
	Gross income from members or shareholders							
D	against amounts due or received from them.)							
122	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.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
_	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						

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	13-	-36933	391		Р	age 6

Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other	person	1?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect o	r appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	ertake	en during			
а	The governing body?			8a	Χ	
b	Each committee with authority to act on behalf of the governing body?			8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be re	ached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9	,	Χ
secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernai	Revenue	Code	. <i>)</i> Yes	No
				40-	162	
	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		-	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	ling th	e form?	114	71	
ь 12a	Describe on 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? <i>If "No," go to line 13</i>			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?	inat o		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicv?	If "Yes."			
	describe on Schedule O how this was done	•		12c	Χ	
13	Did the organization have a written whistleblower policy?			13	Χ	
14	Did the organization have a written document retention and destruction policy?			14	Χ	
15	Did the process for determining compensation of the following persons include a review ar	nd app	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		_	160		V
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filedCA, NY,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable)		and 990-1	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	ply.				
	Own website Another's website Y Upon request Other (explain on So	hedule	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's JAMILA PERRITT PO BOX 35 HARTSDALE, NY 10530	oooks	and record	S		
	OPETED TENNITI TO DON DO HANIBURADE, NI IUDOU					

646-649-9910

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JAMILA PERRITT, MD, MPH, FACO	40.00									
PRESIDENT/CEO	NONE			Χ				316,945.	NONE	9,856.
(2) JENNY BLASDELL	40.00									
VP, PUBLIC POLICY	NONE					Х		143,321.	NONE	33,313.
(3) ANITA BRAKMAN	40.00									
SR DIRECTOR, EDN, RSCH & TRAIN	NONE					X		130,514.	NONE	32,929.
(4) SARA KIRKWOOD	40.00									
SENIOR DIRECTOR OF DEVELOPMENT	NONE					X		135,974.	NONE	26,352.
(5) LILIAN SEPULVEDA	40.00									
EXECUTIVE DIRECTOR, GDC	NONE					Х		98,279.	NONE	3,210.
(6) KRISTYN BRANDI, MD, MPH	2.00									
CHAIR	NONE	Х		Χ				NONE	NONE	NONE
(7) TRACEY WILKINSON, MD, MPH	1.00									
SECRETARY	NONE	X		Χ				NONE	NONE	NONE
(8) CAROL BALL, MD	1.00									
TREASURER	NONE	X		Χ				NONE	NONE	NONE
(9) CAITLIN FISS, MD	1.00									
MEMBER AT LARGE	NONE	X		Χ				NONE	NONE	NONE
(10) KATHERINE MCHUGH, MD	1.00									
MEMBER AT LARGE	NONE	X		Χ				NONE	NONE	NONE
(11) GHAZALEH MOAYEDI, DO, MPH	1.00									
MEMBER AT LARGE/CHAIR ELECT	NONE	X		Χ				NONE	NONE	NONE
(12) BHAVIK KUMAR, MD, MPH	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(13) MARGARET BOOZER, MD, MPH	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(14) AMBER LAU, DO, MPH	1.00									
MEMBER/MEDICAL STUDENT	NONE	Х						NONE	NONE	NONE

Form **990** (2022)

Form 990 (2022)

Part VII Section A. Officers, Direct	tors Trustees Ke	v Fn	nlo	Vee		nd Hi	ighest Compensat	ed Employ	PBS (c	rage o
(A)	(B)	-y ⊑11	ipio	yee C		ilia III	(D)	(E)	ccs (c	(F)
Name and title	Average			Posi			Reportable	Reportab	ole	(*) Estimated
Name and title	hours per	(do ı				than one		compensatio		amount of
	week (list any					s both a	n from	related		other
	hours for		T T			r/trustee		organizati	ons	compensation
	related	ndi or d	nsti	Officer	Key employee	g j	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the
	organizations below dotted	dividual director	tuti	ĕ	em]	lest	ਰੂ (W-2/1099-MISC)			organization and related
	line)	tor tr	onal		oloy	e con				organizations
		Individual trustee or director	Institutional trust		ee	Highest compensated employee				
		ď	stee			nsat				
						e.				
15) BRANDI SHAH, MD, MPH	1.00									
MEMBER	NONE	X					NONE		NONE	NONE
		1								
		1								
						+				
		1								
1h Sub total							825,033.		NONE	105,660.
1b Sub-total						!	NONE		NONE	NONE
c Total from continuation sheets to Pa	•									
d Total (add lines 1b and 1c)							825,033.		NONE	105,660.
reportable compensation from the org		nose	iiste	u ar	oove,		received more man	\$100,000 0	1	
Teportable compensation from the org	gariization >					4				Vac Na
										Yes No
3 Did the organization list any form										
employee on line 1a? If "Yes," comple	te Scneaule J for su	cn ina	iivial	ıaı .						3 X
4 For any individual listed on line 1a,										
organization and related organization							' complete Schedu	ıle J for s	uch	
individual										4 X
5 Did any person listed on line 1a re										
for services rendered to the organizat	ion? If "Yes," comple	te Scl	hedu	le J	for s	such p	erson			5 X
Section B. Independent Contractors										
1 Complete this table for your five high										
compensation from the organization.	Report compensati	on for	r the	cal	lenda	ar yea	r ending with or wit	hin the orga	nizatio	n's tax
year.										
	A)						(B)	T		(C)

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 3

13-3693391

Form 990 (2022) PHY
Part VIII Statement of Revenue

ı aı	t VIII	Check if Schedule O contains a respo	nse or note to ar	nv line in this Part \	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
an Mari	b	Membership dues 1b					
يَ ق	С	Fundraising events 1c	285,889.				
fts, ⊩A	d	Related organizations 1d					
ਹੁੰ≅	е	Government grants (contributions) 1e	569,100.				
ns, Sin	f	All other contributions, gifts, grants,					
er.		and similar amounts not included above . 1f	6,016,012.				
Contributions, Gifts, Grants, and Other Similar Amounts	g	Noncash contributions included in					
a t	"	lines 1a-1f 1g	\$ 22,813.				
ಕ್ಟ	h	Total. Add lines 1a-1f		6,871,001.			
			Business Code				
ဗ	2a						
e Z	b						
Sur	C						
Program Service Revenue	d						
Pg	e						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,					
		other similar amounts)		84,872.			84,872.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 27,036					
Ф	b	Less: cost or other basis					
evenue		and sales expenses 7b 26,751					
ě	С	Gain or (loss) 7c 285					
Α.	d	Net gain or (loss)		285.			285.
Other R	8a	Gross income from fundraising					
ō	Ju	events (not including \$ ³⁵⁹ , ⁹⁸⁰ .					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	74,091.				
	b	Less: direct expenses	74,091.				
	C	Net income or (loss) from fundraising events	<u></u>				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances • • • • • • • 10a	NONE				
	b	Less: cost of goods sold	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
S			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS	900099	31,768.	31,768.		
ane	b						
eve	C						
isc R	d	All other revenue					
Σ	е	Total. Add lines 11a-11d		31,768.			
	12	Total revenue. See instructions		6,987,926.	31,768.		85,157.

13

13-3693391

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	NONE						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	NONE						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	22,000.	22,000.					
4	Benefits paid to or for members	NONE						
5	Compensation of current officers, directors,							
	trustees, and key employees	337,978.	297,421.	16,899.	23,658			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	NONE						
7	Other salaries and wages	1,521,083.	1,345,532.	68,048.	107,503.			
8	Pension plan accruals and contributions (include	38,202.	33,838.	1,658.	2,706			
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	252,865.	223,683.	11,310.	17,872			
10	Payroll taxes	147,296.	131,800.	4,864.	10,632.			
11	Fees for services (nonemployees):							
а	Management	NONE						
b	Legal	NONE						
C	Accounting	224,558.	202,118.	16,793.	5 , 647			
d	Lobbying	NONE						
е	Professional fundraising services. See Part IV, line 17.	15,000.			15,000			
f	Investment management fees	NONE						
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O						
	(A), amount, list line 11g expenses on Schedule O.)	450,849.	342,257.	92,488.	16,104			
12	Advertising and promotion	NONE						
13	Office expenses	283,311.	114,842.	14,610.	153,859.			
14	Information technology	31,852.	25,051.	4,433.	2,368			
15	Royalties	NONE						
16	Occupancy	8,920.	7,277.	1,071.	572			
	Travel	273,437.	238,881.	23,465.	11,091			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	87,547.	86,606.	711.	230			
20	Interest	NONE						
21		NONE						
22		527.	415.	73.	39			
23	Insurance	NONE						
24								
	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A), amount, list line 24e expenses on Schedule O.)							
а	EQUIPMENT	95,333.	80,774.	5,413.	9,146			
b								
C	·							
d								
е	All other expenses							
	Total functional expenses. Add lines 1 through 24e	3,790,758.	3,152,495.	261,836.	376,427.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)							

Form 990 (2022) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,034,361.	1	549,500.
	2	Savings and temporary cash investments	984,230.	2	786 , 779.
	3	Pledges and grants receivable, net	524,919.	3	1,291,927.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ä	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q	37,482.	9	45,950.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 160, 274.			
	b	Less: accumulated depreciation	527.	10c	
	11	Investments - publicly traded securities SEE SCHEDULE .O	2,440,366.	11	5,376,697.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	18,523.	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,040,408.	16	8,050,853.
	17	Accounts payable and accrued expenses	223,742.	17	243,449.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	NONE	22	NONE
Ξ.	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties.	390,000.	24	NONE
	25	Other liabilities (including federal income tax, payables to related third	,		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	613,742.	26	243,449.
seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	·		
lar	27	Net assets without donor restrictions	2,891,438.	27	5,477,804.
B	28	Net assets with donor restrictions	1,535,228.	28	2,329,600.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	, ,		, ,
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥. A	32	Total net assets or fund balances	4,426,666.	32	7,807,404.
ž	33	Total liabilities and net assets/fund balances	5,040,408.	33	8,050,853.
_	,		J, 010, 100.		Form 990 (2022)

Form **990** (2022)

Form 990 (2022) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6 , 9	87,	<u>926</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,7	90,	<u> 758</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		3,1	97,	168
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,4	26,	666
5	Net unrealized gains (losses) on investments	5		1	83,	<u>570</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		7,8	07,	404
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ea	xplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
va	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Χ
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

PН	ISI	CIANS FOR REPRODUCT.	TAR HRAPIH				1 13-3	09339I
	rt I	Reason for Public Ch		organizations must	comple	ete this r		
		anization is not a private fou			•			
1		A church, convention of chu		·	_	-	·	
2		A school described in secti						
3		A hospital or a cooperative		·			(1)(A)(iii).	
4		A medical research organiz	-	=				(iii) Enter the
•		hospital's name, city, and st	=	oonjunouon mura not	opilai ao		1 0 0 0 1 1 1 1 0 (2) (1) (1)	(iii)i Eritor tilo
5		An organization operated to		a college or universit	v owne	d or one	erated by a governme	ental unit described in
J		section 170(b)(1)(A)(iv). (C		a college of diliversit	y Owne	и от оре	stated by a governme	intai unit described ii
6		A federal, state, or local go	-	rnmantal unit deceribe	d in soot	ion 170/	'h\/1\/ / \/\/\	
6	3.7		•					om the general public
7	X	An organization that norma	-	•	ірроп п	oni a go	verninental unit of in	on the general public
_		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·	D 11 \			
8		A community trust describe	-		-			land anaut sallana
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	t the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and union after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	•	-			
12		An organization organized a	-	-	-			
		one or more publicly suppo	_			-		
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
		supporting organization.	You must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	•					
		organization(s). You must				•		
С		Type III functionally integ			ited in c	onnectio	n with, and functional	lly integrated with,
		its supported organization						
d		Type III non-functionally						ted organization(s)
		that is not functionally into			-			
		requirement (see instruct	•	•			· ·	2 4.1 4.101.11.1010
е		Check this box if the orga	,	•				I Tyne III
·	_	functionally integrated, or					• • • • • •	i, 1)po iii
f	Fn	ter the number of supported						
g		ovide the following information						
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	•	3.		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	Ment?	instructions)	instructions)
					162	NO		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

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

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,320,645.	2,433,061.	2,948,963.	2,760,064.	6,871,001.	18,333,734.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3 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	3,320,645.	2,433,061.	2,948,963.	2,760,064.	6,871,001.	18,333,734.
6	shown on line 11, column (f)						5,031,871.
	tion B. Total Support						13,301,863.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	, , , , , ,	3,320,645.	2,433,061.	2,948,963.	2,760,064.	6,871,001.	18,333,734.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	89,183.	77,059.	55,143.	59,818.	84,872.	366,075.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	155,863.		36,329.			192,192.
11	Total support. Add lines 7 through 10						18,892,001.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	19,926.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2022 (lin		-			14	70.41 %
15	Public support percentage from 2021	•	•		•	15	67.38 %
16a	331/3% support test - 2022. If the orgonomy box and stop here. The organization que						
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization			_			
17a	10%-facts-and-circumstances test - 2	2022. If the org	janization did no	ot check a box	on line 13, 16a	a, or 16b, and lir	ne 14 is
	10% or more, and if the organization					-	
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	pported
	organization						
b	10%-facts-and-circumstances test - 2	•	•		•		
	15 is 10% or more, and if the organize					-	-
	in Part VI how the organization meets			=	· ·	-	
	organization						
18	Private foundation. If the organization						
	instructions						<u> </u>

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

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13							
4.4	and 12.) [First 5 years. If the Form 990 is for	the organizati	on's first seem	d third fourth	or fifth toy vo	 	tion 501(a)(3)
14		-					
800	organization, check this box and stop here						
	Tublic support paraentage for 2022 (line 8		•	ımn (f\)		45	0/
15	Public support percentage for 2022 (line 8,					15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investmen			40		47	
17	Investment income percentage for 2022 (lin						%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2021. If the organization						
	line 18 is not more than 331/3 %, check		-	•			· —
20	Private foundation If the organization of	aid not chack	a nov on line	ואו זעם הר 10h	chack this ho	v and caa in	etriictione

JSA 2E1221 1.000

Part IV Supporting Organizations

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

Section A. All	Supporting	Organizations
----------------	------------	----------------------

- 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B, purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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fit	9c		
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to	10a		
	10b		

Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Sacti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Jecti	on b. Type roupporting organizations		Yes	No
	Did the convenient had a convenient had a filter a stirred in their efficient convenients of the			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.			
200ti	on C. Type II Supporting Organizations	2		
becu	on 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		103	110
'	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		
Secti	on D. All Type III Supporting Organizations			
	Did the consideration of the consideration of the consideration of the fifth consideration		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		
•	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		i .

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See								
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.					
Se	Section A - Adjusted Net Income (A) Prior Year								
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection								
	of gross income or for management, conservation, or maintenance of								
	property held for production of income (see instructions)	6							
7		7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
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):								
	Acquisition indebtedness applicable to non-exempt-use assets	2							
	Subtract line 2 from line 1d.	3							
_	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
4	see instructions).	4							
-5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
	Multiply line 5 by 0.035.	6							
7		7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
_	ection C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2		2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4		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	lly integra	ited Type III supporting	g organization					

Schedule A (Form 990) 2022

(see instructions).

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	Section D - Distributions								
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1					
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ed						
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive						
	(provide details in Part VI). See instructions.								
9	9 Distributable amount for 2022 from Section C, line 6								
10	Line 8 amount divided by line 9 amount		1	10					
			(ii)		(iii)				

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E.

DESCRIPTION 2018 2019 2020 2021 2022 TOTAL

OTHER INCOME 155,863. 36,329. 192,192.

TOTALS 155,863. 36,329. 192,192.

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule B (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

PHYSICIANS FOR REPRODUCTIVE HEALTH 13-3693391 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(** 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization PHYSICIANS FOR REPRODUCTIVE HEALTH Employer identification number 13-3693391

rt I	Contributors (see instructions).	Use duplicate cop	ies of Part I if add	ditional space is needed.
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Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$390,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$1,800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PHYSICIANS FOR REPRODUCTIVE HEALTH

Employer identification number 13-3693391

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$420,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	N/A	\$250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10	N/A	\$148,672.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

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PHYSICIANS FOR REPRODUCTIVE HEALTH

Name of organization

Employer identification number

13-3693391

Part II	Noncash Property	(see instructions)	Lise dunlicate	conies of Part II	if additional s	nace is needed
aitii	Noncasii i opeity	(SEE IIISH UCHUIS).	. Use auplicate	CODICS OF LATER	ii auuilioriai s	pace is necucu.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	FORGIVENESS OF PPP LOAN		
		\$390,000.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2022)

Name of or	rganization			Employer identification number
	PHYSICIANS FOR REPRODU			13-3693391
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the copies of the line in the	he year from any one ons completing Part III, year. (Enter this inform	contributor. Corenter the total of	nplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ft	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of	_	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of	_	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	se of gift (d) Description of how	
	Transferee's name, address, a	(e) Transfer of	_	o of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of		o of transferor to transferee

Schedule B (Form 990) (2022)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

Tax)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employer ide	ntification number
	ŭ				
	YSICIANS FOR REPRODUC				693391
	•	organization is exempt under			
1	•	he organization's direct and ind	irect political camp	aign activities in Part	IV. See instructions fo
	definition of "political campa				
2		xpenditures. See instructions			
		campaign activities. See instruction			
Pai		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5 \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1		xpended by the filing organization		•	
2	527 exempt function activiti	g organization's funds contributed		\$	
3	line 17b	enditures. Add lines 1 and 2. En		\$	
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, extributions received that were pronounced to a political action committee (per (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza d from the filing organiz divered to a separate po	ations to which the filing cation's funds. Also ente olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)			-		
(5)			_		
(6)			-		

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

Schedule C (Form 990) 2022

(The term "expenditures" m	organization's totals	group totals	
1a Total lobbying expenditures to influence	public opinion (grassroots lobbying)	669.	
b Total lobbying expenditures to influence	39 , 286.		
c Total lobbying expenditures (add lines 1	a and 1b)	39 , 955.	
d Other exempt purpose expenditures		3,750,803.	
e Total exempt purpose expenditures (ad	d lines 1c and 1d)	3,790,758.	
f Lobbying nontaxable amount. Enter th	e amount from the following table in both		
columns.		339,538.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 29	5% of line 1f)	84,885.	
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j If there is an amount other than zero	on either line 1h or line 1i, did the organiza	ation file Form 4720	
reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

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

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

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a	Lobbying nontaxable amount	353,183.	281,218.	269,884.	339,538.	1,243,823.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,865,735.				
С	Total lobbying expenditures	23,485.	46,106.	34,016.	39 , 955.	143,562.				
d	Grassroots nontaxable amount	88,296.	70,305.	67,471.	84,885.	310,957.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					466,436.				
f	Grassroots lobbying expenditures	1,259.	2,698.	7,006.	669.	11,632.				

Schedule C (Form 990) 2022

Schedule C (Fo	rm 990) 2022	PHYSICIANS	FOR	REPRODUCTIVE	HEALTH	13-3693391
Part II-B	Complete if the (election under	organization is essection 501(h)).	exem	pt under sectio	n 501(c)(3)	and has NOT filed Form 5768

	()	(;	a)		(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	A	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?			-		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			-		
C	Media advertisements?	1		 		
d	Mailings to members, legislators, or the public?	1				
e	Publications, or published or broadcast statements?	1				
f g	Grants to other organizations for lobbying purposes?					
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
ï	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6).	(c)(5)	, or s	section		
	501(c)(o).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			T1		110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section		·
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OR (I	o) Pa	rt III-A, Iir	ne 3, is	
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo					
_	political expenses for which the section 527(f) tax was paid).		.			
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	_	-	4		
5	and political expenditures next year?			5		
	t IV Supplemental Information					
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	ed gro	up lis	t); Part II-A	, lines	1 and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	•	•			
SEE	C PAGE 4					

Schedule C (Form 990) 2022

FORM 990, SCHEDULE C, PART II-A

DIRECT LOBBYING

FEDERAL - EACH ACT; WOMEN'S HEALTH PROTECTION ACT; ABORTION JUSTICE ACT; HEAL FOR IMMIGRANT FAMILIES ACT/IMMIGRANT ACCESS TO HEALTH CARE; PREGNANT WORKERS' FAIRNESS ACT;; BLACK MATERNAL HEALTH MOMNIBUS; FY 2023 NATIONAL DEFENSE AUTHORIZATION ACT; ABORTION IS HEALTHCARE EVERYWHERE ACT; FY 2023 STATE AND FOREIGN OPERATIONS APPROPRIATIONS; FY 2023 FEDERAL BUDGET AND APPROPRIATIONS; TITLE X; TEEN PREGNANCY PREVENTION PROGRAM; FY 2023 FINANCIAL SERVICE AND GENERAL GOVERNMENT APPROPRIATIONS; INTERNATIONAL FAMILY PLANNING PROGRAMS AND UNFPA; GLOBAL GAG RULE; DECRIMINALIZATION OF ABORTION/PREGNANCY RELATED CARE/GENDER AFFIRMING CARE; FY 2024 FEDERAL BUDGET AND APPROPRIATIONS; FY 2024 LABOR, HEALTH AND HUMAN SERVICES APPROPRIATIONS; FY 2024 STATE AND FOREIGN OPERATIONS APPROPRIATIONS; FY 2024 FINANCIAL SERVICE AND GENERAL GOVERNMENT APPROPRIATIONS; FY 2024 COMMERCE, JUSTICE, SCIENCE APPROPRIATIONS; VIOLENCE AGAINST ABORTION PROVIDERS/HEALTH CARE PROVIDER SAFETY ACT; FILIBUSTER REFORM; REMS FOR MIFEPRISTONE;; VOTING RIGHTS; "NATIONAL DAY OF APPRECIATION FOR ABORTION PROVIDERS" RESOLUTION; RESOLUTION EXPRESSING OPPOSITION TO THE CRIMINALIZATION OF ESSENTIAL HEALTH CARE; TRAINING IN ABORTION CARE; ECTOPIC PREGNANCY TREATMENT; ACCESS TO CONTRACEPTION/OTC BC/RIGHT TO CONTRACEPTION ACT/CONTRACEPTION FOR SERVICEMEMBERS AND DEPENDENTS ACT; DATA PRIVACY; MEDICATION ABORTION ACCESS; MEDICAL MALPRACTICE/COVERAGE; WOMEN'S RIGHT TO REPRODUCTIVE FREEDOM ACT; AND ACCESS TO ABORTION CARE FOR PEOPLE WITH DISABILITIES/REPRODUCTIVE HEALTH CARE ACCESSIBILITY ACT

Part IV Supplemental Information (continued)

(S 4764); MEDICAID POSTPARTUM COVERAGE VIA RECONCILIATION BILLS; MEDICAID/CHIP COVERAGE VIA RECONCILIATIONS BILLS; ENSURING ACCESS TO ABORTION ACT (HR 8297); REPRODUCTIVE HEALTH TRAVEL FUND ACT; RESPECT FOR MARRIAGE ACT (HR8404); LET DOCTORS PROVIDE REPRODUCTIVE HEALTH CARE ACT (S. 1297); TELEHEALTH SUBSCRIBING; DEA REGULATIONS OF TESTOSTERONE; SUPPORTS FOR REPRODUCTIVE HEALTH CARE WORKFORCE; ANTI-RACISM IN PUBLIC HEALTH ACT 2023; PROTECTING SERVICE MEMBERS AND MILITARY FAMILIES ACCESS TO HEALTH CARE ACT; REAL EDUCATION AND ACCESS FOR HEALTHY YOUTH ACT OF 2023; CRISIS PREGNANCY CENTERS; MARCH ACT OF 2023; MILCON VA AMENDMENTS; OPPOSE RESOLUTION TO OVERTURN VA IFR; OPPOSE HR.5; SEX EDUCATION/ SEX EDUCATION FOR ALL MONTH; HIPAA PRIVACY ENHANCEMENT BILLS; STOP ANTI-ABORTION DISINFORMATION; EQUALITY ACT; SUPPORT THROUGH LOSS ACT; LIFT THE BAR ACT; DC BUDGET AUTONOMY; H.R. 2811; H. RES. 219; H.R. 734; S.J. RES. 10; H.J. RES. 31.

STATE: COLORADO SB 23-188; COLORADO SB23-189; COLORADO SB23-190; COLORADO SB 23-289; COLORADO HB23-1150; HB 23-1097; HB23-1119; FL HB1421/SB254; FL HB7/SB300; FL HB 1617/SB1718; ARIZONA SB 1600;; CALIFORNIA SB 345; AND 2022-2023 DISTRICT OF COLUMBIA B24-0808, B24-830, B24-829; B24-831; MICHIGAN REPRODUCTIVE HEALTH ACT 2022; MISSOURI HB170; 2023 NY A.109/S.320; NY ACCESS TO MEDICATION ABORTION ON COLLEGE CAMPUSES; NJ LEGISLATIVE ACTION TO PROTECT REPRODUCTIVE HEALTH CARE.

GRASSROOTS LOBBYING

FEDERAL:

Part IV Supplemental Information (continued)

WOMEN'S HEALTH PROTECTION ACT; PREGNANT WORKERS FAIRNESS ACT; HEAL FOR IMMIGRANT WOMEN AND FAMILIES ACT; EACH ACT; VOTING RIGHTS; NATIONAL DAY OF APPRECIATION FOR ABORTION PROVIDERS RESOLUTION; RESOLUTION OPPOSING THE CRIMINALIZATION OF ESSENTIAL HEALTH CARE.

STATE: 2022 FLORIDA HB7/SB2300;; 2022 COLORADO REPRODUCTIVE HEALTH EQUITY ACT;

SCHEDULE D (Form 990)

Department of the Treasury

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number

IVAIII	e of the organization	Employer identification number
PH?	YSICIANS FOR REPRODUCTIVE HEALTH	13-3693391
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
De	art II Conservation Easements.	i i i i i i i i i i i i i i i i i i i
Г	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		f a historically important land area
		f a historically important land area f a certified historic structure
		a certified historic structure
_	Preservation of open space	he form of a concernation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а		2a
b		2b
С.	(4)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
_		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	onservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
_	Described to the second of the	- 470(L)(4)(D)(°)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its rev	
	balance sheet, and include, if applicable, the text of the footnote to the organization's fina	ncial statements that describes the
De	organization's accounting for conservation easements. art III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
Г	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Sillilai Assets.
	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of public service,
	provide the following amounts relating to these items:	_
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1.	
h	Assets included in Form 990 Part X	8

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 PHYS	ICIANS FOR R	EPRODUCI	TIVE HEALTH			13-3	693391	Page 2
Pa	rt III Organizations Maintainin				s. or Other	Similar A			
3	Using the organization's acquisition								
	collection items (check all that apply			,					
а	Public exhibition	,.	d	Loan or exch	ange progra	m			
b	Scholarly research		e	Other	ango progra				
C	Preservation for future general	ations	c _						
4	Provide a description of the organi		e and eval	ain how thoy fu	rthor the or	aanization's	s ovemnt	nurnoco	in Part
7	XIII.	zation's collection.	s and expid	alli flow they fu	itilei tile oi	gariizations	s exempt	puipose	III I ait
5		solicit or roccivo	donations o	f art historical to	roocuroe or	other cimils	or		
3	During the year, did the organization							Vec	No.
Do	assets to be sold to raise funds rathe		airieu as pa	irt of the organiz	ation's colle	CHOTT?	<u> </u>	Yes	No
Га	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, truste	e, custodian or c	other interm	nediary for cont	ributions or	other asse	ets not		
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in	Part XIII and com	plete the fo	llowing table:					
	· · · · · · · · ·			_			Amount		
С	Beginning balance				1c				
d	Additions during the year								
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amo	unt on Form 990,	Part X, line	21, for escrow	or custodial	account lial	bility?	Yes	No
	If "Yes," explain the arrangement in								
	rt V Endowment Funds.								
	Complete if the organizat	ion answered "Y	es" on For	m 990, Part IV	, line 10.				
		(a) Current year	(b) Prio	r year (c) Tw	o years back	(d) Three ye	ears back	(e) Four ye	ars back
1 a	Beginning of year balance								
h	Contributions								
c	Net investment earnings, gains,								
Ŭ	and losses								
ч	Grants or scholarships								
	Other expenditures for facilities								
-	and programs								
	Administrative expenses								
g	End of year balance L Provide the estimated percentage of	f the current weer	and halana	o (lino 1 a polumu	2 (a)) bold as	\.			
2 a			%	e (line 1g, colum	i (a)) neid as	.			
b	Permanent endowment	%	70						
	Term endowment %	_ ′0							
Ŭ	The percentages on lines 2a, 2b, ar	nd 2c should equal	100%						
3a	Are there endowment funds not in the	•		ation that are he	ld and admi	nistered for	the		
o u	organization by:	io poddeddion or t	no organiza	thorr that are no	ia ana aann	niotoroa roi	110	Ye	s No
	(i) Unrelated organizations							3a(i)	-
	(ii) Related organizations							3a(ii)	
h	If "Yes" on line 3a(ii), are the related							3b	
	. , .	J	•		\: 			36	
	4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property		r other basis	(b) Cost or other b		cumulated		Book value	
	proporty		stment)	(other)		reciation		, Dook value	•
1 a	Land								
b	Buildings								
С	Leasehold improvements								

Schedule D (Form 990) 2022

d Equipment.....

e Other _____ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | __

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	0. Part IV. line 11b. See Form 990	. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion:
(1) Financia	al derivatives			
` '	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) material sound Forms COO. Port V. and (D) line 42.)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
rait viii	Complete if the organization answered		1	
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(7)				
<u>(8)</u> (9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV, line 11d. See Form 990	, Part X, line 15.
		scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	iman (b) miliot a milal Farm 000 Port V and (D)	line 15 \		
Part X	umn (b) must equal Form 990, Part X, col. (B) of Other Liabilities.	ine 15.)		
Part A	Complete if the organization answered line 25.	d "Yes" on Form 990	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.		otion of liability		(b) Book value
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
. J.ai. (Joini	(~,act oquar i oitii ooo, i ait A, ooi. (b) iiile 20.)			l .

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

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	7,942,408.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		, ,			
	Net unrealized gains (losses) on investments					
_	Donated services and use of facilities					
b						
С.	recoveries of prior year grants [] [] [] [] [] [] [] [] [] [
d	Other (Describe in Part XIII.)	0-	054 400			
е	Add lines 2a through 2d	2e	954,482.			
3	Subtract line 2e from line 1	3	6,987,926.			
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				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,987,926.			
Part 1	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.				
1	Total expenses and losses per audited financial statements	1	4,561,670.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
	Prior year adjustments					
C	Other losses					
d	Other (Describe in Part XIII.)					
	Add lines 2a through 2d	2e	770,912.			
3	Subtract line 2e from line 1	3	3,790,758.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		0,130,1000			
-						
		40				
с 5	Add lines 4a and 4b	4c 5	2 700 750			
	XIII Supplemental Information.	3	3,790,758.			
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform					
SEE :	SUPPLEMENTAL PAGE					

Part XIII Supplemental Information (continued)

FORM 990, SCHEUDLE D, PART X, LINE 2

PHYSICIANS FOR REPRODUCTIVE HEALTH IS A NOT-FOR-PROFIT ORGANIZATION

EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE AND HAS BEEN DESIGNATED AS AN ORGANIZATION WHICH IS NOT A

PRIVATE FOUNDATION. MANAGEMENT HAS DETERMINED THAT THERE WERE NO

UNCERTAIN TAX POSITIONS AT JUNE 30, 2023 AND JUNE 30, 2022. IN ADDITION,

THERE WAS NO INTEREST OR PENALTIES RELATED TO INCOME TAXES INCLUDED IN

THE CONSOLIDATED FINANCIAL STATEMENTS PRESENTED.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b.

Attach to Form 990.

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

Inspection
Employer identification number

PHYSICIANS FOR REPRODUCTIVE HEALTH 13-3693391

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1	other assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	X Yes No
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	EDUCATION & RESEARCH	52,966.
(2)	EUROPE	NONE	NONE	PROGRAM SERVICES	EDUCATION & RESEARCH	48,966.
(3)	CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	EDUCATION & RESEARCH	22,483.
(4)	SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	EDUCATION & RESEARCH	77,450.
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	NONE	NONE			201,865.
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	NONE	NONE			201,865.

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

Schedule F (Form 990) 2022

Part II	(Form 990) 2022 PH	sistance to Organiz	PRODUCTIVE HEALTH	tside the United	13-369 d States, Comple		anization answe	red "Yes" on	Page 2 Form 990.
· are ii	Part IV, line 15, for any								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	2023 GDC ACT	8,000.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 En	er total number of recipient	organizations listed a	above that are recognize	ed as charities by	the foreign countr	ry, recognized	as a tax		
	empt 501(c)(3) organization by			nas provided a sec	tion 501(c)(3) equi	valency letter	\		1

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

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047

Inspection Name of the organization Employer identification number PHYSICIANS FOR REPRODUCTIVE HEALTH 13-3693391 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total 15,000. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 PHYSICIANS FOR REPRODUCTIVE HEALTH 13-3693391 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events VOICES OF COURA (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 359,980. 359,980. 2 Less: Contributions3 Gross income (line 1 minus 285,889. 285,889. 74,091. 74,091. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 74,091. 74,091. 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 74,091. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: b

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2022

If "Yes," explain:

10a

12 Is for 13 Inc	G (Form 990 or 990-EZ) 2022 PHYSICIANS FOR REPRODUCTIVE HEALTH oes the organization conduct gaming activities with nonmembers?		93391	Page 3
12 Is for 13 Inc	des the organization conduct gaining activities with nonlinembers?		Yes	No
for 13 Inc	the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
13 Ind	rmed to administer charitable gaming?		Yes	No
	dicate the percentage of gaming activity conducted in:			
	ne organization's facility	3a		%
		3b		
	nter the name and address of the person who prepares the organization's gaming/special events books			70
	ecords:	ana		
Na	ame ▶			
Ac	ddress ▶			
	oes the organization have a contract with a third party from whom the organization receives ga		¬., г	٦
re	evenue?		Yes	No
b If	"Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar	nd the		
	mount of gaming revenue retained by the third party ▶ \$			
c If	"Yes," enter name and address of the third party:			
Na	ame ▶			
Ac	ddress ▶			
16 Ga	aming manager information:			
Na	ame ▶			
Ga	aming manager compensation ▶ \$			
De	escription of services provided			
	Director/officer Employee Independent contractor			
	andatory distributions:			
17 Ma	the organization required under state law to make charitable distributions from the gaming process	eeds to		
	stain the state gaming license?		П., Г	
a Is	tain the state gaming illerise:		Yes	No
a Is	nter the amount of distributions required under state law to be distributed to other exempt organ	izations	Yes L	No
a Is re b Er	nter the amount of distributions required under state law to be distributed to other exempt organ spent in the organization's own exempt activities during the tax year ▶ \$	izations	Yes L	No

Schedule G (Form 990 or 990-EZ) 2022

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number PHYSICIANS FOR REPRODUCTIVE HEALTH 13-3693391

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account Fersonal services (such as maid, chauneur, cher)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:	E0		37
a	The organization?	5a 5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JAMILA PERRITT, MD, MP	(i)	316,945.	NONE	NONE	9,535.	321.	326,801.	
1 PRESIDENT/CEO	(ii)							
JENNY BLASDELL	(i)	143,321.	NONE	NONE	4,425.	28,888.	176,634.	
	(ii)							
ANITA BRAKMAN	(i)	130,514.	NONE	NONE	4,041.	28,888.	163,443.	
3 SR DIRECTOR, EDN, RSCH & TRAIN	(ii)							
SARA KIRKWOOD	(i)	135,974.	NONE	NONE	4,342.	22,010.	162,326.	
4 SENIOR DIRECTOR OF DEVELOPMENT	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

PHYSICIANS FOR REPRODUCTIVE HEALTH

13-3693391

Check if applicable ap	Par	Types of Property							
2 Art - Historical treasures			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of	f deteri		
2 Art - Historical treasures	1	Art - Works of art							
3 Art - Fractional interests	2								
4 Books and publications,	3								
5 Clothing and household goods	4								
goods									
6 Cars and other vehicles	-	=							
8 Boats and planes	6								
8 Intellectual property 9 Securities - Publicity traded	-								
9 Securities - Publicly traded X 3 22,813. FMV 10 Securities - Closely held stock 1 11 Securities - Partnership, LLC, or trust interests									
10 Securities - Closely held stock				3	22,813.	FMV			
11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other con	-				,				
or trust interests									
12 Securities - Miscellaneous									
13 Qualified conservation contribution - Historic structures	12								
structures									
structures		contribution - Historic							
14 Qualified conservation contribution - Other									
15 Real estate - Residential	14								
15 Real estate - Residential		contribution - Other							
16 Real estate - Commercial	15								
17 Real estate - Other	16								
Collectibles	17	Real estate - Other							
prod inventory	18	Collectibles							
Drugs and medical supplies	19	Food inventory							
Taxidermy	20								
Historical artifacts	21	Taxidermy							
Scientific specimens	22	Historical artifacts							
24 Archeological artifacts	23	Scientific specimens							
25 Other ►() 26 Other ►() 27 Other ►() 28 Other ►() 28 Other ►() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	24								
26 Other ►(25	Other ►(
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	26	Other ►(
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	27	Other ►(
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	28	Other ►(
which the organization completed Form 8283, Part V, Donee Acknowledgement				anization during the tax ye	ear for contributions for				
Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?			-			29			
28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 4 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,								Yes	No
to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 43a X 53b X 54 ST	30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		to be used for exempt purposes for	the entire h	olding period?			30a		X
contributions?	b	If "Yes," describe the arrangement i	n Part II.						
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	31	Does the organization have a	gift accept	ance policy that require	es the review of any	nonstandard			
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							31	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,	32a								
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,		contributions?					32a		X
	b								
describe in Part II.	33		amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,			
		describe in Part II.							

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

Schedule M (Form 990) 2022

Part II Supplem

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, SCHEDULE M, PART I, LINE 9

THE NUMBER SHOWN REPRESENTS THE NUMBER OF STOCK DONATIONS RECEIVED NOT THE NUMBER OF SHARES RECEIVED.

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 13-3693391

PHYSICIANS FOR REPRODUCTIVE HEALTH

FORM 990 PART VI SECTION B LINE 11B

THE FINANCE AND AUDIT COMMITTEE REVIEWS THE 990 FOR APPROVAL. AFTER THEY HAVE APPROVED THE 990, A COPY IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD BEFORE IT IS FILED.

FORM 990 PART VI SECTION B LINE 12C

THE FINANCE AND AUDIT COMMITTEE MANAGES THE COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY THROUGHOUT THE YEAR.

FORM 990 PART VI SECTION C LINE 19

AVALIABLE UPON REQUEST.

FORM 990 PART VI SECTION B LINE 15

THE SALARY OF THE PRESIDENT & CEO IS REVIEWED EVERY SECOND YEAR. A REVIEW WAS CARRIED OUT IN FISCAL YEAR ENDING 2022. THE REVIEW INCLUDED THE HR AND THE ACCOUNTING CONSULTANTS ANALYZING VARIOUS SALARY SURVEYS AS WELL AS SALARIES OF SIMILAR ORGANIZATIONS. THE ACCOUNTING CONSULTANT DISCUSSED THE DATA ANALYSIS WITH THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE THEN SET THE NEW SALARY OF THE PRESIDENT & CEO.

FORM 990, PART III, LINE 4A

EDUCATION, RESEARCH AND TRAINING

TWENTY-FIVE FELLOWS WERE SELECTED TO PARTICIPATE IN THE LEADERSHIP TRAINING ACADEMY (LTA) FELLOWSHIP CLASS OF 2023, CHOSEN FROM 85 APPLICANTS-OUR LARGEST CANDIDATE POOL TO DATE. THE CLASS OF 2023INCLUDES PHYSICIANS FROM 18 STATES AND 4 MEDICAL SPECIALTIES. THIS YEAR WE MOVED TO A HYBRID MODEL, WHERE ONE IN-DEPTH TRAINING WAS HELD VIRTUALLY AND ONE WAS IN PERSON, IN WASHINGTON, DC. IN BOTH TRAININGS, THE GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

PHYSICIANS FOR REPRODUCTIVE HEALTH

13-3693391

PARTICIPATED IN SESSIONS FOCUSED ON MEDIA SKILLS, PROFESSIONAL LEADERSHIP
AND POLICY ADVOCACY INCLUDING AN ADVOCACY DAY WITH STAFF FROM
CONGRESSIONAL OFFICES. ADDITIONALLY, THE CLASS ATTENDED SIX WEBINARS,
AND THE FACULTY AND TOPICS FOR THESE WERE AS FOLLOWS:

- . DR. KRISTYN BRANDI, "PROVIDER CONTRACEPTIVE COERCION"
- . DRS. GLENNA MARTIN & ANUJ KHATTAR, "SUBSTANCE USE DISORDER AND REPRODUCTIVE HEALTH"
 - . DR. GHAZALEH MOAYEDI AND SARA AINSWORTH, IF/WHEN/HOW, "SELF-MANAGED ABORTION"
- . DRS. TRACEY WILKINSON AND TIFFANY HAILSTORKS, " UTILIZING YOUR REPRODUCTIVE HEALTH RESEARCH FOR ADVOCACY"
- . DR. JAMILA PERRITT AND MARIA RAMOS OF INTERRUPTING CRIMINALIZATION
 ON, "DECRIMINALIZING PREGNANCY & ABORTION"

THIS YEAR WE LAUNCHED AN OFFICIAL ALUMNI PROGRAM TO FOSTER COMMUNITY,

OFFER UPDATED ADVOCACY SKILLS TRAINING, AND PROMOTE CONTINUED ENGAGEMENT

BETWEEN LTA ALUMNI, PRH STAFF AND OUR COMMUNITY PARTNERS. WE CREATED A

FULL-TIME LTA ALUMNI PROGRAM DIRECTOR POSITION, AS WELL AS AN LTA PROGRAM

MANAGER POSITION, TO LEAD OUR EFFORTS WITH EACH CURRENT CLASS OF FELLOWS.

WE HELD A VIRTUAL CONVENING FOR LTA ALUMNI WHICH INCLUDED REGIONAL

BREAKOUT DISCUSSIONS FOR THE DOCTORS IN EACH REGION TO SUPPORT EACH OTHER

AND SHARE STRATEGIES FOR NAVIGATING THE IMMEDIATE POST-DOBBS ENVIRONMENT.

WE ALSO HELD IN -PERSON ALUMNI NETWORKING SESSIONS AT THE NATIONAL

ABORTION FEDERATION AND AMERICAN COLLEGE OF OB/GYNS ANNUAL MEETINGS.

FORM 990, PART III, LINE 4B

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PHYSICIANS FOR REPRODUCTIVE HEALTH

PUBLIC POLICY AND COMMUNITY SUPPORT

OVER THE PAST YEAR, OUR PHYSICIAN-ADVOCATES AND STAFF CONTINUED TO SERVE AS TRUSTED AUTHORITIES AND IMPACT A RANGE OF REPRODUCTIVE HEALTH DISCUSSIONS AND DIALOGUES IN THE PUBLIC ARENA. WE CONTINUE TO BE IN CLOSE RELATIONSHIPS WITH FEDERAL AND STATE COALITION PARTNERS, WORKING TO EFFECTIVELY ADVOCATE FOR EXPANDED PROTECTIONS FOR ABORTION AND SPEAKING OUT AGAINST HARMFUL RESTRICTIONS. THIS HAS BECOME CRITICALLY IMPORTANT IN THE FALL OUT FROM THE SUPREME COURT'S DOBBS DECISION AND THE ONSLAUGHT OF ATTACKS ON MIFEPRISTONE. SPECIFIC HIGHLIGHTS INCLUDE:

- . PRH STAFF AND MEMBERS OF THE PRH NETWORK MET REGULARLY WITH POLICYMAKERS LENDING EXPERTISE ON A VARIETY OF REPRODUCTIVE HEALTH ISSUES.
- THIRTY-FOUR PHYSICIANS MET VIRTUALLY WITH FEDERAL LEGISLATIVE

 OFFICES AND THEIR STAFFS IN SEPTEMBER 2023 TO DISCUSS ACCESS TO ABORTION

 AND ACCESS TO CARE FOR IMMIGRANT FAMILIES. THE GROUP ALSO MET JOINTLY

 WITH DOZENS OF LEADERSHIP STAFF FROM THE PRO-CHOICE CAUCUS.
- OUR 2023 LEADERSHIP TRAINING ACADEMY CLASS MET WITH TWO DOZEN LEGISLATIVE OFFICES ON CAPITOL HILL IN MARCH 2023 TO DISCUSS ACCESS TO ABORTION CARE.
- PRH STAFF AND NETWORK MEMBERS BRIEFED MEMBERS OF CONGRESS AND
 THEIR STAFFS ON MANY ISSUES RELATED TO ABORTION ACCESS, LGBTQ+
 ISSUES, IMMIGRANT ACCESS TO CARE, AND MATERNAL HEALTH.
 - SEVERAL PRH PHYSICIANS BRIEFED BIDEN ADMINISTRATION STAFF, WHITE

Supplemental Information to Form 990 or 990-EZ

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PHYSICIANS FOR REPRODUCTIVE HEALTH

HOUSE STAFF, AND VICE PRESIDENT HARRIS INCLUDING PRH PRESIDENT & CEO DR.

JAMILA PERRITT AND PRH BOARD CHAIR DR. KRISTYN BRANDI.

- . PRH PHYSICIANS TESTIFIED BEFORE CONGRESS.
- IN JULY 2022, PRH BOARD MEMBER DR. GHAZALEH MOAYEDI AND PRH FELLOW DR. JACQUELYN LAMME TESTIFIED BEFORE THE HOUSE ARMED SERVICES COMMITTEE.

 IN OCTOBER 2022, PRH BOARD MEMBER DR. BHAVIK KUMAR AND PRH FELLOW DR.

 NISHA VERMA TESTIFIED BEFORE THE HOUSE OVERSIGHT COMMITTEE.
- IN APRIL 2023, PRH FELLOW DR. NISHA VERMA TESTIFIED BEFORE THE SENATE JUDICIARY COMMITTEE ABOUT THE COORDINATED ATTACKS ON REPRODUCTIVE HEALTH CARE.
- PRH CONTINUED OUR BLOG SERIES ABOUT PUBLIC POLICY ISSUES AND REPRODUCTIVE HEALTH FOCUSING ON TOPICS INCLUDING MEDICATION ABORTION, BLACK MATERNAL HEALTH, HARASSMENT OF ABORTION PROVIDERS AND PATIENTS, ABORTION ACCESS, AND CONTRACEPTION.
- PRH SUBMITTED AMICUS BRIEFS TO THE FIFTH CIRCUIT COURT OF APPEALS AND THE UNITED STATES SUPREME COURT IN ALLIANCE FOR HIPPOCRATIC MEDICINE'S CHALLENGE TO THE 2000 FDA APPROVAL OF MIFEPRISTONE FOR MEDICATION ABORTION. THE BRIEFS DISCUSS THE PROVEN SAFETY AND EFFICACY OF MIFEPRISTONE AND WHY IT IS CRITICAL THAT THE MEDICATION REMAIN ACCESSIBLE IN THE UNITED STATES.

FORM 990, PART III, LINE 4C

VOICE AND ENGAGEMENT/COMMMUNICATIONS

AFTER A YEAR OF CONTINUED ONSLAUGHTS ON ABORTION ACCESS AND GENDER
AFFIRMING CARE FROM STATE LEGISLATURES IN ADDITION TO WHIPLASH IN THE

Supplemental Information to Form 990 or 990-EZ

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PHYSICIANS FOR REPRODUCTIVE HEALTH

COURTS WITH CASES THREATENING ACCESS TO MIFEPRISTONE, OUR PHYSICIAN

ADVOCATES HAVE BEEN EVEN MORE ACTIVE AND ENGAGED. AS DEDICATED ADVOCATES

FOR THE COMMUNITIES IN WHICH THEY LIVE AND WORK, OUR PHYSICIANS CONTINUE

TO PROVIDE AN INSIDER'S PERSPECTIVE ON REPRODUCTIVE HEALTH CARE AND

EXPLAIN CLEARLY HOW RESTRICTIONS ON ANY ASPECT OF REPRODUCTIVE HEALTH

CARE IMPACT THEIR ABILITY TO PROVIDE EVIDENCE-BASED CARE TO PATIENTS.

THEY OFFERED FRONT LINE AND EXPERT PERSPECTIVES ON THE RIPPLE EFFECT OF

ABORTION BANS ON THE OVERALL HEALTH AND WELLBEING OF COMMUNITIES

INCLUDING ON ACCESS TO CONTRACEPTION, MATERNAL HEALTH, ABILITY TO CARE

FOR PREGNANT PEOPLE AND THEIR NEEDS, AND INFANT HEALTH. THROUGH

CONGRESSIONAL TESTIMONY, REPORTER ROUNDTABLES, MEDIA APPEARANCES IN PRINT

AND ONLINE, ON THE RADIO, AND ON TELEVISION, AND SPEAKING OUT ON THEIR

PERSONAL SOCIAL MEDIA PLATFORMS, THERE WERE COUNTLESS OPPORTUNITIES TO

DEMONSTRATE THE HARM CAUSED BY HEALTH CARE RESTRICTIONS ON STATE AND

NATIONAL LEVELS.

IN THE 2023 FISCAL YEAR FROM JULY 2022 TO JUNE 2023, THE PRH TWITTER ACCOUNT LIFTED UP THE EXPERTISE OF OUR PHYSICIAN ADVOCATES WITH OVER 2.4M IMPRESSIONS. OUR INSTAGRAM ACCOUNT GARNERED OVER 4.6M IMPRESSIONS. WE CONTINUE TO USE OUR SOCIAL MEDIA PRESENCE TO EDUCATE THE PUBLIC ABOUT REPRODUCTIVE HEALTH, NEW RESEARCH, AND LIFT THE VOICES OF OUR COMMUNITY OF PHYSICIAN ADVOCATES. PRH.ORG HAD OVER 88K UNIQUE USERS WITH OVER 100K SESSIONS. OUR MOST VISITED PAGE BESIDE OUR HOMEPAGE WAS OUR PRESS RELEASES PAGE WITH 20K VIEWS AND OUR TITLE X EXPLAINER PAGE WITH 4.7K VIEWS.

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2022

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13-3693391

PHYSICIANS FOR REPRODUCTIVE HEALTH

- . OUR DOCTORS SPOKE OUT AGAINST THE HARMS OF THE DOBBS V JACKSON WOMEN'S HEALTH ORGANIZATION DECISION APPEARING ON MSNBC, CNN, NPR, NBC, CBC, AND PBS.
- . OUR PHYSICIAN ADVOCATES REGULARLY ENGAGED WITH THEIR STATE AND LOCAL REPORTERS TO DISCUSS THE ON THE GROUND IMPLICATIONS OF FAST-MOVING ABORTION BANS AND WHAT THEY HAVE MEANT FOR THEIR COMMUNITY'S WELLBEING. SPEAKING TO IMPLICATIONS ON MATERNAL HEALTH, THE INABILITY TO CLEARLY ACT IN EMERGENT SITUATIONS DUE TO LEGAL COMPLICATIONS, THE SAFETY OF MIFEPRISTONE AND SELF-MANAGED ABORTION, AND THE FURTHER WORSENING OF THE PROVIDER SHORTAGE IN CERTAIN GEOGRAPHIC REGIONS, PRH'S ADVOCATES ARE THE EXPERTS IN THE ACUTE AND LONG-TERM IMPACTS OF BANS.
- . OUR DOCTORS EDUCATED REPORTERS IN ROUNDTABLES LEADING UP TO THE FIRST ANNIVERSARY OF ROE V WADE SINCE THE DOBBS DECISION AND HOW ABORTION BANS IMPACT PATIENTS AND PROVIDERS ON THE GROUND.

FORM 990, PART I, LINE 1

ORGANIZATION MISSION STATEMENT-

TO ORGANIZE, MOBILIZE, AND AMPLIFY THE VOICES OF MEDICAL PROVIDERS TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE. OUR PROGRAMS COMBINE EDUCATION, ADVOCACY, AND STRATEGIC COMMUNICATIONS TO ENSURE ACCESS TO ABORTION CARE AND EQUITABLE, COMPREHENSIVE HEALTH CARE. WE BELIEVE THAT THIS WORK IS NECESSARY FOR ALL PEOPLE TO LIVE FREELY, WITH DIGNITY, SAFETY, AND SECURITY.

FORM 990, SCHEDULE B, PART 1

ADDRESSES FOR SOME DONORS HAVE BEEN OMITTED TO PROTECT THEIR PERSONAL INFORMATION.

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Name of the organization	Name of the organization							
<u>PHYSICIANS</u>	FOR REPRODUCTIVE		13-3693	391				
FORM 990, PART 1	III, LINE 4D - OTHER	PROGRAM SEF	RVICES					
DESCRIPTION			GRANTS	EXPENSES	REVENUE			
GLOBAL DOCTORS 1	FOR CHOICE		22,000.	245,348.				
		TOTALS	22,000.	245,348.				

Name of the organization	Employer identification number
PHYSICIANS FOR REPRODUCTIVE HEALTH	13-3693391

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS								
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION						
ARABELLA ADVISORS, LLC 1828 L ST NW SUITE 300 WASHINGTON, DC 20036	FINANCIAL & HR SERV	214,819.						
BERLIN ROSEN LTD 15 MAIDEN LN # 1600 NEW YORK, NY 10038	MEDIA/COMMUNICATIONS	106,000.						
WESTPRINT NY 44 CENTRAL AVENUE MIDLAND PARK, NJ 07432	MAILING/PRINTING	136,266.						

_____ _____

Name of the organization			Employer identification	n number
PHYSICIANS FOR REPRODUC	CTIVE HEALTH		13-3693391	
FORM 990, PART IX - OTHER FEES	} =			
DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
OTHER PROFESSIONAL FEES PROGRAM CONSULTANTS	289,833. 161,016.	197,332. 144,925.	80,447. 12,041.	12,054. 4,050.
TOTALS	450,849.	342,257.	92,488.	16,104.

==========

Name of the organization Employer identification number 13-3693391 PHYSICIANS FOR REPRODUCTIVE HEALTH FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS ______ BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE -----37,482. 45,950. PREPAIDS TOTALS 37,482. 45,950.

=========

=========

Name of the organization

PHYSICIANS FOR REPRODUCTIVE HEALTH

13-3693391

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV
EQUITY SECURITIES	1,458,532.	2,812,181.	FMV
FIXED INCOME	972 , 355.	2,564,516.	FMV
SHORT TERM RESERVE	9,479.	NONE	FMV
TOTALS			
	2,440,366.	5,376,697.	
=		=========	

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.

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13-3693391

(a) Name, address, and EIN (if applicable) of disregarded entity			(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
C					
HARTSDALE, NY 10530	ED & RESEARCH	DE	217,032.	126,565.	PHYSICIANS
	C HARTSDALE, NY 10530	C	or foreign country)	or foreign country)	or foreign country)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	(a) (512(b)(13) (rolled (ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
					<u> </u>		20) 2000

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

Schedule R (Form 990) 2022

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging ner?	(k) Percentage ownership
		,,		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

				, ,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13 controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1	During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	ted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•		[1a	
	Gift, grant, or capital contribution to related organization(s)				1b	
	Gift, grant, or capital contribution from related organization(s)			I	1c	
	Loans or loan guarantees to or for related organization(s)				1d	
	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
g	Sale of assets to related organization(s)				1g	
	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
	Sharing of paid employees with related organization(s)				10	
р	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
	Other transfer of cash or property to related organization(s)				1r	
S	Other transfer of cash or property from related organization(s).				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this		•			
	(a) Name of related organization	(b) Transaction	(c) Amount involved		(d) f determini	na
	Admit of Foldier of Gameria.	type (a - s)	764		nt involved	9
(1)						
(0)						
(2)						
(2)						
(3)						
(4)						
(4)						
<i>(</i> 5)						
(5)						
(6)						
(6)			Sch	edule R (F	orm gani	2022
SA			3011	edule IV (F	Jilli 990)	2022

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501 organiz	e) partners tion (c)(3) rations?	total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	tner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)	_												
(2)													
(3)													
(4)													
(5)													
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(7)													
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(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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