

Form **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 For the **2022** calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

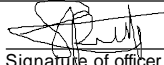
| | | | | |
|---|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <u>PHYSICIANS FOR REPRODUCTIVE HEALTH</u> | | | D Employer identification number <u>13-3693391</u> |
| | Doing Business As | | E Telephone number <u>(646) 366-1890</u> | |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | |
| | City or town, state or province, country, and ZIP or foreign postal code <u>HARTSDALE, NY 10530</u> | | G Gross receipts \$ <u>7,088,768.</u> | |
| F Name and address of principal officer: <u>JAMILA PERRITT</u> <u>PO BOX 35, HARTSDALE, NY 10530</u> | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| J Website: <u>WWW.PRH.ORG</u> | | | If "No," attach a list. (see instructions) | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: <u>1992</u> M State of legal domicile: <u>NY</u> | |
| H(c) Group exemption number ▶ | | | | |

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>ORGANIZE, MOBILIZE, AMPLIFY MEDICAL PROVIDER VOICES TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH RIGHTS & JUSTICE. ENSURE ACCESS TO ABORTION CARE & COMPREHENSIVE HEALTHCARE.</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | <u>10</u> |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | <u>9</u> |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | <u>21</u> |
| | 6 Total number of volunteers (estimate if necessary) | 6 | <u>132</u> |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | <u>2,760,064.</u> | <u>6,871,001.</u> |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>NONE</u> | <u>NONE</u> |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>466,141.</u> | <u>85,157.</u> |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u>42,439.</u> | <u>31,768.</u> |
| | | <u>3,268,644.</u> | <u>6,987,926.</u> |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u>22,000.</u> | <u>22,000.</u> |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | <u>NONE</u> | <u>NONE</u> |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <u>1,448,999.</u> | <u>2,297,424.</u> |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | <u>NONE</u> | <u>15,000.</u> |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>376,427.</u> | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | <u>934,052.</u> | <u>1,456,334.</u> |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <u>2,405,051.</u> | <u>3,790,758.</u> | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | <u>863,593.</u> | <u>3,197,168.</u> | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | <u>5,040,408.</u> | <u>8,050,853.</u> |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | <u>613,742.</u> | <u>243,449.</u> |
| | <u>4,426,666.</u> | <u>7,807,404.</u> | |

Part II Signature Block

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

| | | |
|------------------|---|----------------------------|
| Sign Here |  | <u>02/14/2024</u> |
| | Signature of officer | Date |
| | <u>JAMILA PERRITT</u> | <u>PRESIDENT & CEO</u> |
| | Type or print name and title | |

| | | | | | | |
|-------------------------------|--|--------------------------------|-------------------|---|------------------|--|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN | |
| | <u>CATHERINE BENDALL</u> | <u>CATHERINE BENDALL</u> | <u>02/01/2024</u> | | <u>P00521196</u> | |
| | Firm's name ▶ <u>WITHUMSMITH+BROWN, PC</u> | Firm's EIN ▶ <u>22-2027092</u> | | | | |
| | Firm's address ▶ <u>ONE TOWER CENTER BLVD 14TH FL EAST BRUNSWICK, NJ 08816</u> | Phone no. <u>732-828-1614</u> | | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,118,556. including grants of \$) (Revenue \$) EDUCATION, RESEARCH AND TRAINING - SEE SCHEDULE O.

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)

4d 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

| Part 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? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | | X |
| b | 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? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | 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. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 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 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | | |
| 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? If "Yes," see the instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | X |
| 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? If "Yes," complete Form 6069. | | |

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, NY,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

JAMILA PERRITT PO BOX 35 HARTSDALE, NY 10530
646-649-9910

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JAMILA PERRITT, MD, MPH, FACO PRESIDENT/CEO | 40.00 NONE | | | X | | | | 316,945. | NONE | 9,856. |
| (2) JENNY BLASDELL VP, PUBLIC POLICY | 40.00 NONE | | | | | X | | 143,321. | NONE | 33,313. |
| (3) ANITA BRAKMAN SR DIRECTOR, EDN, RSCH & TRAIN | 40.00 NONE | | | | | X | | 130,514. | NONE | 32,929. |
| (4) SARA KIRKWOOD SENIOR DIRECTOR OF DEVELOPMENT | 40.00 NONE | | | | | X | | 135,974. | NONE | 26,352. |
| (5) LILIAN SEPULVEDA EXECUTIVE DIRECTOR, GDC | 40.00 NONE | | | | | X | | 98,279. | NONE | 3,210. |
| (6) KRISTYN BRANDI, MD, MPH CHAIR | 2.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (7) TRACEY WILKINSON, MD, MPH SECRETARY | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (8) CAROL BALL, MD TREASURER | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (9) CAITLIN FISS, MD MEMBER AT LARGE | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (10) KATHERINE MCHUGH, MD MEMBER AT LARGE | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (11) GHAZALEH MOAYEDI, DO, MPH MEMBER AT LARGE/CHAIR ELECT | 1.00 NONE | X | | X | | | | NONE | NONE | NONE |
| (12) BHAVIK KUMAR, MD, MPH MEMBER | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (13) MARGARET BOOZER, MD, MPH MEMBER | 1.00 NONE | X | | | | | | NONE | NONE | NONE |
| (14) AMBER LAU, DO, MPH MEMBER/MEDICAL STUDENT | 1.00 NONE | X | | | | | | NONE | NONE | NONE |

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|--|----------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | 285,889. | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) . . | 1e | 569,100. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 6,016,012. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 22,813. | | | | |
| | h | Total. Add lines 1a-1f | | 6,871,001. | | | | |
| | Program Service Revenue | 2a | Business Code | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f | | NONE | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 84,872. | | | 84,872. | |
| | 4 | Income from investment of tax-exempt bond proceeds . | | NONE | | | | |
| | 5 | Royalties | | NONE | | | | |
| | 6a | Gross rents | (i) Real | (ii) Personal | | | | |
| | | | 6a | | | | | |
| | | | 6b | | | | | |
| | c | Rental income or (loss) | NONE | NONE | | | | |
| | d | Net rental income or (loss) | | | NONE | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | 7a | 27,036. | | | | |
| | | | 7b | 26,751. | | | | |
| | c | Gain or (loss) | 7c | 285. | | | | |
| | d | Net gain or (loss) | | | 285. | | 285. | |
| | 8a | Gross income from fundraising events (not including \$ 359,980. of contributions reported on line 1c). See Part IV, line 18 | | | 74,091. | | | |
| | | | 8a | | 74,091. | | | |
| 8b | | | | 74,091. | | | | |
| c | Net income or (loss) from fundraising events | | | | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | | NONE | | | | | |
| | | 9a | | NONE | | | | |
| | | 9b | | NONE | | | | |
| c | Net income or (loss) from gaming activities | | | NONE | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | NONE | | | | | |
| | | 10a | | NONE | | | | |
| | | 10b | | NONE | | | | |
| c | Net income or (loss) from sales of inventory | | | NONE | | | | |
| Miscellaneous Revenue | 11a | MISCELLANEOUS | Business Code | 900099 | 31,768. | 31,768. | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | 31,768. | | | |
| 12 | Total revenue. See instructions | | | 6,987,926. | 31,768. | | 85,157. | |

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX [X]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Payroll taxes, Advertising, and Total functional expenses.

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------------|--------------------|
| Assets | 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 |
| | 7 Notes and loans receivable, net | NONE | 7 | NONE |
| | 8 Inventories for sale or use | NONE | 8 | NONE |
| | 9 Prepaid expenses and deferred charges | 37,482. | 9 | 45,950. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 160,274. | | |
| | b Less: accumulated depreciation. | 10b 160,274. | 10c 527. | |
| | 11 Investments - publicly traded securities. | 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. | |
| Liabilities | 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 |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | NONE | 22 | NONE |
| | 23 Secured mortgages and notes payable to unrelated third parties | NONE | 23 | 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. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/> | | | |
| | 27 Net assets without donor restrictions | 2,891,438. | 27 | 5,477,804. |
| | 28 Net assets with donor restrictions. | 1,535,228. | 28 | 2,329,600. |
| | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/> | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 4,426,666. | 32 | 7,807,404. |
| 33 Total liabilities and net assets/fund balances. | 5,040,408. | 33 | 8,050,853. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,987,926. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,790,758. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,197,168. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4,426,666. |
| 5 | Net unrealized gains (losses) on investments | 5 | 183,570. |
| 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 | 7,807,404. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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**

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2022

JSA
2E1210 1.000

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (70.41%); 15 Public support percentage from 2021 Schedule A, Part II, line 14 (67.38%); 16a 33 1/3% support test - 2022 (checked); 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) and Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) and Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

19b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box 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

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|----------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | 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-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions | | Current Year |
|---------------------------|---|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-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 - <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | |
| a | From 2017 | | | |
| b | From 2018 | | | |
| c | From 2019 | | | |
| d | From 2020 | | | |
| e | 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, <i>explain in Part VI</i> . See instructions. | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2018 | | | |
| b | Excess from 2019 | | | |
| c | Excess from 2020 | | | |
| d | Excess from 2021 | | | |
| e | Excess from 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, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2018 | 2019 | 2020 | 2021 | 2022 | TOTAL |
|---------------|----------|------|---------|------|------|----------|
| OTHER INCOME | 155,863. | | 36,329. | | | 192,192. |
| TOTALS | 155,863. | | 36,329. | | | 192,192. |

Schedule B (Form 990)

Department of the Treasury 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

Name of the organization

Employer identification number

PHYSICIANS FOR REPRODUCTIVE HEALTH

13-3693391

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

| | |
|---|---|
| Name of organization <p style="text-align: center;">PHYSICIANS FOR REPRODUCTIVE HEALTH</p> | Employer identification number <p style="text-align: center;">13-3693391</p> |
|---|---|

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | N/A <hr/> <hr/> <hr/> | \$ 472,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N/A <hr/> <hr/> <hr/> | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | N/A <hr/> <hr/> <hr/> | \$ 390,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | N/A <hr/> <hr/> <hr/> | \$ 179,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | N/A <hr/> <hr/> <hr/> | \$ 800,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | N/A <hr/> <hr/> <hr/> | \$ 1,800,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization <p style="text-align: center;">PHYSICIANS FOR REPRODUCTIVE HEALTH</p> | Employer identification number <p style="text-align: center;">13-3693391</p> |
|---|---|

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | N/A <hr/> <hr/> <hr/> | \$ 420,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | N/A <hr/> <hr/> <hr/> | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | N/A <hr/> <hr/> <hr/> | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | N/A <hr/> <hr/> <hr/> | \$ 148,672. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization <p style="text-align: center;">PHYSICIANS FOR REPRODUCTIVE HEALTH</p> | Employer identification number <p style="text-align: center;">13-3693391</p> |
|---|---|

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

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

| | |
|--|--|
| Name of organization <p style="text-align:center;">PHYSICIANS FOR REPRODUCTIVE HEALTH</p> | Employer identification number <p style="text-align:center;">13-3693391</p> |
|--|--|

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|-------------------------|--|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | 669. | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 39,286. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | 39,955. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | 3,750,803. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 3,790,758. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 339,538. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | 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. | | |
| 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 25% of line 1f) | 84,885. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

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

| 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. |
| c 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. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 466,436. |
| f Grassroots lobbying expenditures | 1,259. | 2,698. | 7,006. | 669. | 11,632. |

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

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)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

PHYSICIANS FOR REPRODUCTIVE HEALTH

13-3693391

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets 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., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2022

JSA 2E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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

Part 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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

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 Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) 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 | | | | | |
| c 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 **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of 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 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ _____ 1

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|--------------|------------------------|---------------------------------|
| | | VOICES OF COURA (event type) | (event type) | NONE (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 359,980. | | 359,980. |
| | 2 | Less: Contributions | 285,889. | | 285,889. |
| | 3 | Gross income (line 1 minus line 2) | 74,091. | | 74,091. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 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.

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

PHYSICIANS FOR REPRODUCTIVE HEALTH

Employer identification number

13-3693391

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 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 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 JAMILA PERRITT, MD, MP PRESIDENT/CEO | (i) | 316,945. | NONE | NONE | 9,535. | 321. | 326,801. | |
| | (ii) | | | | | | | |
| 2 JENNY BLASDELL VP, PUBLIC POLICY | (i) | 143,321. | NONE | NONE | 4,425. | 28,888. | 176,634. | |
| | (ii) | | | | | | | |
| 3 ANITA BRAKMAN SR DIRECTOR, EDN, RSCH & TRAIN | (i) | 130,514. | NONE | NONE | 4,041. | 28,888. | 163,443. | |
| | (ii) | | | | | | | |
| 4 SARA KIRKWOOD SENIOR DIRECTOR OF DEVELOPMENT | (i) | 135,974. | NONE | NONE | 4,342. | 22,010. | 162,326. | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

PHYSICIANS FOR REPRODUCTIVE HEALTH

Employer identification number

13-3693391

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 3 | 22,813. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ () | | | | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

| | 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? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

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

FORM 990, SCHEDULE M, PART I, LINE 9

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PHYSICIANS FOR REPRODUCTIVE HEALTH

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

13-3693391

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

AVAILABLE 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 2023 INCLUDES 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PHYSICIANS FOR REPRODUCTIVE HEALTH

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PHYSICIANS FOR REPRODUCTIVE HEALTH

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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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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2022

▶ Attach to Form 990 or 990-EZ.

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Internal Revenue Service

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Name of the organization

Employer identification number

PHYSICIANS FOR REPRODUCTIVE HEALTH

13-3693391

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/COMMUNICATIONS

AFTER A YEAR OF CONTINUED ONSLAUGHTS ON ABORTION ACCESS AND GENDER

AFFIRMING CARE FROM STATE LEGISLATURES IN ADDITION TO WHIPLASH IN THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PHYSICIANS FOR REPRODUCTIVE HEALTH

Supplemental Information to Form 990 or 990-EZ

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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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

PHYSICIANS FOR REPRODUCTIVE HEALTH

Supplemental Information to Form 990 or 990-EZ

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. 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.

Name of the organization

Employer identification number

PHYSICIANS FOR REPRODUCTIVE HEALTH

13-3693391

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| DESCRIPTION | GRANTS | EXPENSES | REVENUE |
|---------------------------|---------|----------|---------|
| GLOBAL DOCTORS FOR CHOICE | 22,000. | 245,348. | |
| TOTALS | 22,000. | 245,348. | |

Name of the organization

PHYSICIANS FOR REPRODUCTIVE HEALTH

Employer identification number

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 number

PHYSICIANS FOR REPRODUCTIVE 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 | 289,833. | 197,332. | 80,447. | 12,054. |
| PROGRAM CONSULTANTS | 161,016. | 144,925. | 12,041. | 4,050. |
| TOTALS | 450,849. | 342,257. | 92,488. | 16,104. |

Name of the organization

Employer identification number

PHYSICIANS FOR REPRODUCTIVE HEALTH

13-3693391

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

| DESCRIPTION | BEGINNING BOOK VALUE | ENDING BOOK VALUE |
|-------------|---------------------------|---------------------------|
| ----- | ----- | ----- |
| PREPAIDS | 37,482. | 45,950. |
| TOTALS | ----- 37,482. ===== | ----- 45,950. ===== |

Name of the organization

Employer identification number

PHYSICIANS FOR REPRODUCTIVE HEALTH

13-3693391

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | BEGINNING BOOK VALUE | ENDING BOOK VALUE | COST 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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

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PHYSICIANS FOR REPRODUCTIVE HEALTH

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) GLOBAL DOCTORS FOR CHOICE, LLC PO BOX 35 HARTSDALE, NY 10530 | ED & RESEARCH | DE | 217,032. | 126,565. | PHYSICIANS |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2022

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

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

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

| | Yes | No |
|--|-----------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e 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 | |
| h 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 | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r 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 line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a - s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|---------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part VII Supplemental Information

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