

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
GUTTMACHER INSTITUTE
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
125 MAIDEN LANE, 7TH FLOOR
 City, town, or post office, state, and ZIP code
NEW YORK, NY 10038

D Employer identification number
13-2890727

E Telephone number
212-248-1111

F Name and address of principal officer: KENDELL BURROUGHS
SAME AS C ABOVE

G Gross receipts \$ **32,470,607.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.GUTTMACHER.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1977** **M State of legal domicile:** **NY**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **SEE SCHEDULE O**

2 Check this box 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)	36
4 Number of independent voting members of the governing body (Part VI, line 1b)	36
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	98
6 Total number of volunteers (estimate if necessary)	36
7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, line 34	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	19,209,135.	21,896,273.
9 Program service revenue (Part VIII, line 2g)	77,594.	48,391.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-213,509.	-87,731.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,790.	53,572.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,081,010.	21,910,505.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,037,083.	9,883,227.
16a Professional fundraising fees (Part IX, column (A), line 11e)	28,740.	28,740.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 665,852.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,489,635.	5,417,667.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,555,458.	15,329,634.
19 Revenue less expenses. Subtract line 18 from line 12	5,525,552.	6,580,871.
20 Total assets (Part X, line 16)	Beginning of Current Year 40,198,882.	End of Year 47,734,701.
21 Total liabilities (Part X, line 26)	11,517,993.	11,412,629.
22 Net assets or fund balances. Subtract line 21 from line 20	28,680,889.	36,322,072.

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
 Signature of officer: *Ken Dell Burroughs* Date: **10-8-2013**
KENDELL BURROUGHS, CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **FREDERICK H. ROTHMAN** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P01275277**
 Firm's name: **LOEB & TROPER LLP** Firm's EIN: **13-1517563**
 Firm's address: **655 THIRD AVENUE, 12TH FLOOR**
NEW YORK, NY 10017 Phone no.: **(212) 867-4000**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 6,797,527. including grants of \$) (Revenue \$)

RESEARCH

THE INSTITUTE CONTINUES TO CARRY-OUT POLICY RELEVANT SCIENTIFIC RESEARCH THAT PRODUCES THE RELIABLE RESEARCH FINDINGS REQUIRED TO ENSURE EVIDENCE-BASED CHANGES IN PUBLIC POLICY. GUTTMACHER PRESENTED RESEARCH FINDINGS TO A WIDE RANGE OF DOMESTIC AND INTERNATIONAL AUDIENCES INCLUDING POLICY ADVISORS, LEGISLATORS, SCIENTISTS, ADVOCATES, JOURNALISTS, HEALTHCARE PROVIDERS, ACTIVISTS AND STUDENTS.

SEE SCHEDULE O FOR CONTINUATION

4b (Code:) (Expenses \$ 1,778,055. including grants of \$) (Revenue \$)

PUBLIC POLICY

THE INSTITUTE USES EVIDENCE BASED ADVOCACY TO TRANSLATE RESEARCH FINDINGS INTO ACTION THROUGH IN-DEPTH POLICY INVESTIGATIONS. THE INSTITUTE ADVOCATES FOR EVIDENCE BASED U.S. DOMESTIC AND FOREIGN POLICIES TO IMPROVE ACCESS TO RELIABLE INFORMATION AND GOOD-QUALITY SERVICES. GUTTMACHER PROVIDED TECHNICAL ASSISTANCE TO ADVOCATES AND POLICYMAKERS IN STATES SEEKING TO LAUNCH, IMPLEMENT OR EXTEND MEDICAID FAMILY PLANNING ELIGIBILITY EXPANSIONS. WE MONITORED STATE POLICY DEVELOPMENTS AND DEVELOPED A WIDE RANGE OF EVIDENCE BASED TOOLS FOR USE BY STATE-LEVEL ADVOCATES.

4c (Code:) (Expenses \$ 3,485,310. including grants of \$) (Revenue \$ 48,391.)

PUBLIC EDUCATION

THE INSTITUTE PUBLISHED ITS FINDINGS IN A WIDE ARRAY OF FORMATS DESIGNED TO MEET THE UNIQUE NEEDS OF POLICY-MAKERS, ADVOCATES, HEALTH CARE PROVIDERS, THE SCIENTIFIC COMMUNITY AND OTHER KEY STAKEHOLDERS. THE INSTITUTE DISSEMINATED INFORMATION AND RESOURCES TO A LARGE AND DIVERSE AUDIENCE AND WORKED SUCCESSFULLY TO ENSURE THAT ITS DATA AND PERSPECTIVES HELPED SHAPE POLICIES AND PROGRAMS. GUTTMACHER MATERIALS AND OPINION WERE FEATURED IN HUNDREDS OF MEDIA OUTLETS IN THE US AND INTERNATIONALLY.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,060,892.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	36			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		36		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **KENDELL BURROUGHS - 212-248-1111**
125 MAIDEN LANE, 7TH FLOOR, NEW YORK, NY 10038

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) PAUL SPERRY IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(2) MATTHEW COLES SENIOR VICE CHAIR	2.00	X		X				0.	0.	0.
(3) ANNETTE P. CUMMING - THROUGH 10 CHAIR OF NOMINATING COMMITTEE BEFOR	2.00	X		X				0.	0.	0.
(4) DEBORAH DE WITT - THROUGH 10/12 CHAIR OF FINANCE COMMITTEE BEFORE OC	2.00	X		X				0.	0.	0.
(5) MARY SHALLENBERGER CHAIR OF DEVELOPMENT COMMITTEE	2.00	X		X				0.	0.	0.
(6) LOU TURNER ZELLNER CHAIR OF AUDIT COMMITTEE	2.00	X		X				0.	0.	0.
(7) NADINE PEACOCK CHAIR	2.00	X		X				0.	0.	0.
(8) PAUL F.,A VAN LOOK VICE CHAIR	2.00	X		X				0.	0.	0.
(9) FELICE GONZALES TREASURER/ CHAIR OF FINANCE COMMITTEE	2.00	X		X				0.	0.	0.
(10) CLARE GREGORIAN SECRETARY	2.00	X		X				0.	0.	0.
(11) SHARON W. ALLISON DIRECTOR	2.00	X						0.	0.	0.
(12) NASSIM ASSEFI, MD - THROUGH 10/ DIRECTOR	2.00	X						0.	0.	0.
(13) CLAIRE BRINDIS - THROUGH 10/12 DIRECTOR	2.00	X						0.	0.	0.
(14) LIDA L. COLEMAN DIRECTOR	2.00	X						0.	0.	0.
(15) TERESA DEPINERES - THROUGH 10/1 DIRECTOR	2.00	X						0.	0.	0.
(16) ROBERT DIAMOND - THROUGH 10/12 DIRECTOR	2.00	X						0.	0.	0.
(17) PARFAIT M. ELOUNDOU-ENYEGUE DIRECTOR	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(18) CYNTHIA A GOMEZ CHAIR OF NOMINATING COMMITTEE AFTER	2.00	X						0.	0.	0.
(19) DAVID S. P. HOPKINS DIRECTOR	2.00	X						0.	0.	0.
(20) RENEE R. JENKINS - THROUGH 10/1 DIRECTOR	2.00	X						0.	0.	0.
(21) NYOVANI MADISE DIRECTOR	2.00	X						0.	0.	0.
(22) JEANNE MARRAZZO CHAIR OF HUMAN RESOURCES COMMITTEE	2.00	X						0.	0.	0.
(23) ELLEN RAUTENBERG DIRECTOR	2.00	X						0.	0.	0.
(24) PABLO RODRIGUEZ DIRECTOR	2.00	X						0.	0.	0.
(25) SARA ROSENBAUM DIRECTOR	2.00	X						0.	0.	0.
(26) ROBERTA SCHNEIDERMAN DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,015,974.	0.	312,176.
d Total (add lines 1b and 1c)								2,015,974.	0.	312,176.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IPAS PO BOX 5027, CHAPEL HILL, NC 27514	CONSULTING- HEALTHCARE	372,041.
CORPORATE POWER, INC, 62 WILLIAM STREET, 5TH FLOOR, NEW YORK, NY 10005	CONSULTING- COMPUTER SUPPORT	226,335.
GFK CUSTOM RESEARCH 2100 GENG RD, ST 210, PALO ALTO, CA 94303	SURVEY OF WOMEN 18-39	201,800.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) ANN SVENSEN - THROUGH 10/12 DIRECTOR	2.00	X						0.	0.	0.
(28) JUDY N. TABB DIRECTOR	2.00	X						0.	0.	0.
(29) ALFREDO VIGIL DIRECTOR	2.00	X						0.	0.	0.
(30) JANE COTTINGHAM DIRECTOR	2.00	X						0.	0.	0.
(31) JENNY A. HIGGINS DIRECTOR	2.00	X						0.	0.	0.
(32) IMANE KHACHANI DIRECTOR	2.00	X						0.	0.	0.
(33) DALE ANNE REISS DIRECTOR	2.00	X						0.	0.	0.
(34) STEVEN W SINDING DIRECTOR	2.00	X						0.	0.	0.
(35) ALFRED W. TATE DIRECTOR	2.00	X						0.	0.	0.
(36) MELISSA GILLIAM DIRECTOR	2.00	X						0.	0.	0.
(37) JEFFREY SMITH DIRECTOR	2.00	X						0.	0.	0.
(38) DARLEE CROCKET DIRECTOR	2.00	X						0.	0.	0.
(39) CAROLINE GREENE DIRECTOR	2.00	X						0.	0.	0.
(40) JAMES MCCARTHY DIRECTOR	2.00	X						0.	0.	0.
(41) AMY TSUI DIRECTOR	2.00	X						0.	0.	0.
(42) PATRICIA AIKINS MURPHY DIRECTOR	2.00	X						0.	0.	0.
(43) DAWN JOHNSEN DIRECTOR	2.00	X						0.	0.	0.
(44) CRISTINA VILLARREAL VELASQUEZ DIRECTOR	2.00	X						0.	0.	0.
(45) SHARON CAMP PRESIDENT & CEO	35.00			X				337,911.	0.	43,181.
(46) CORY RICHARDS EXECUTIVE VP & VP PUBLIC P	35.00			X				246,369.	0.	30,384.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	8,362,017.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,534,256.				
	g	Noncash contributions included in lines 1a-1f: \$		4,646,952.				
	h	Total. Add lines 1a-1f		21,896,273.				
	Program Service Revenue	2 a	PUBLICATIONS	Business Code 900099	42,046.	42,046.		
b		HONORARIUM	900099	6,345.	6,345.			
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		48,391.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		430,720.			430,720.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		18,255.			18,255.	
	6 a	Gross rents	(i) Real	19,688.				
			(ii) Personal	26,651.				
				-6,963.				
	d	Net rental income or (loss)		-6,963.			-6,963.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	10,015,000.				
			(ii) Other					
				10,533,451.				
	c	Gain or (loss)		-518,451.				
	d	Net gain or (loss)		-518,451.			-518,451.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	INSURANCE RECOVERY		524126	40,000.		40,000.		
b	MISCELLANEOUS		900099	2,280.		2,280.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			42,280.				
12	Total revenue. See instructions.			21,910,505.	48,391.	0.	-34,159.	

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 to any question in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,592,451.	1,273,961.	248,627.	69,863.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,313,481.	5,057,170.	995,690.	260,621.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	562,435.	450,704.	87,375.	24,356.
9 Other employee benefits	891,733.	714,379.	139,526.	37,828.
10 Payroll taxes	523,127.	418,554.	86,852.	17,721.
11 Fees for services (non-employees):				
a Management				
b Legal	45,782.	9,031.	28,837.	7,914.
c Accounting	49,280.		49,280.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	28,740.			28,740.
f Investment management fees	56,301.		56,301.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,898,847.	1,727,731.	77,848.	93,268.
12 Advertising and promotion				
13 Office expenses	279,174.	210,154.	39,861.	29,159.
14 Information technology	287,080.	212,593.	65,027.	9,460.
15 Royalties				
16 Occupancy	1,467,866.	1,086,280.	332,513.	49,073.
17 Travel	532,755.	309,849.	218,991.	3,915.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,995.	60,441.	42,697.	857.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	596,065.	477,346.	94,440.	24,279.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES/SUBSCRIPTIONS/PUBL	54,399.	46,345.	6,620.	1,434.
b				
c				
d				
e All other expenses	46,123.	6,354.	32,405.	7,364.
25 Total functional expenses. Add lines 1 through 24e	15,329,634.	12,060,892.	2,602,890.	665,852.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	193,785.	1 468,735.
	2	Savings and temporary cash investments	6,827,017.	2 611,517.
	3	Pledges and grants receivable, net	8,628,618.	3 17,464,078.
	4	Accounts receivable, net	77,400.	4 109,787.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	218,794.	9 164,956.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,680,455.	
	b	Less: accumulated depreciation	10b 4,400,009.	10c 11,280,446.
	11	Investments - publicly traded securities	12,307,941.	11 17,166,761.
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets	415,928.	14 399,614.
	15	Other assets. See Part IV, line 11	19,163.	15 68,807.
16	Total assets. Add lines 1 through 15 (must equal line 34)	40,198,882.	16 47,734,701.	
Liabilities	17	Accounts payable and accrued expenses	600,141.	17 1,392,262.
	18	Grants payable		18
	19	Deferred revenue	7,849.	19 5,367.
	20	Tax-exempt bond liabilities	10,210,000.	20 10,015,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties	700,003.	24
	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		25
	26	Total liabilities. Add lines 17 through 25	11,517,993.	26 11,412,629.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	8,103,011.	27 8,871,197.
	28	Temporarily restricted net assets	15,722,640.	28 22,595,637.
	29	Permanently restricted net assets	4,855,238.	29 4,855,238.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
	33	Total net assets or fund balances	28,680,889.	33 36,322,072.
	34	Total liabilities and net assets/fund balances	40,198,882.	34 47,734,701.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,910,505.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,329,634.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,580,871.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,680,889.
5	Net unrealized gains (losses) on investments	5	1,060,312.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,322,072.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 in Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,649,088.	16,025,436.	7,324,947.	19,209,135.	21,896,273.	80,104,879.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15,649,088.	16,025,436.	7,324,947.	19,209,135.	21,896,273.	80,104,879.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						37,812,811.
6 Public support. Subtract line 5 from line 4.						42,292,068.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	15,649,088.	16,025,436.	7,324,947.	19,209,135.	21,896,273.	80,104,879.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	540,117.	403,491.	369,856.	310,625.	468,663.	2,092,752.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	47,469.	21,283.	4,020.	5,031.	42,280.	120,083.
11 Total support. Add lines 7 through 10						82,317,714.
12 Gross receipts from related activities, etc. (see instructions)					12	247,113.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	51.38	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	54.96	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. 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. The organization qualifies as a publicly supported organization

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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A PART II, LINE 10 - MISCELLANEOUS INCOME

INSURANCE RECOVERY

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **See separate instructions.**

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

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

Name of organization **GUTTMACHER INSTITUTE** Employer identification number **13-2890727**

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.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

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-

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 (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		85,212.	
c Total lobbying expenditures (add lines 1a and 1b)		85,212.	
d Other exempt purpose expenditures		15,244,422.	
e Total exempt purpose expenditures (add lines 1c and 1d)		15,329,634.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		916,482.	
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)		229,121.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	832,751.	797,645.	825,093.	916,482.	3,371,971.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,057,957.
c Total lobbying expenditures	141,003.	77,256.	73,144.	85,212.	376,615.
d Grassroots nontaxable amount	208,188.	199,411.	206,273.	229,121.	842,993.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,264,490.
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."

1 Dues, assessments and similar amounts from members	1	
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

GUTTMACHER INSTITUTE

Employer identification number
13-2890727

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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)?

Yes No

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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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 are a 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 programs
- 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? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,378,206.	8,842,951.	8,336,577.	7,599,136.	8,873,998.
b Contributions					
c Net investment earnings, gains, and losses	1,303,008.	-464,745.	506,374.	737,441.	-1,274,862.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,681,214.	8,378,206.	8,842,951.	8,336,577.	7,599,136.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 50.00 %
- b Permanent endowment 50.00 %
- c Temporarily restricted endowment _____ %

The percentages in 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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		11,966,673.	1,778,913.	10,187,760.
c Leasehold improvements		895,749.	380,011.	515,738.
d Equipment		1,554,195.	1,199,715.	354,480.
e Other		1,263,838.	1,041,370.	222,468.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				11,280,446.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows numbered 1 through 11.

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	22,941,167.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,060,312.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	26,651.
e	Add lines 2a through 2d	2e	1,086,963.
3	Subtract line 2e from line 1	3	21,854,204.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,301.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	56,301.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,910,505.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	15,299,984.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	26,651.
e	Add lines 2a through 2d	2e	26,651.
3	Subtract line 2e from line 1	3	15,273,333.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,301.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	56,301.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,329,634.

Part XIII Supplemental Information

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

PART V, LINE 4: THE INSTITUTE'S ENDOWMENTS CONSIST OF TWO INDIVIDUAL

FUNDS, A DONOR-RESTRICTED ENDOWMENT FUND AND A FUND DESIGNATED BY THE

BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENT.

PART X, LINE 2: THE INSTITUTE HAS DETERMINED THAT THERE ARE NO

MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS. PERIODS ENDING DECEMBER 31, 2009 AND SUBSEQUENT

REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 26,651.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 26,651.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization GUTTMACHER INSTITUTE	Employer identification number 13-2890727
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	4	PROGRAM SERVICES	RESEARCH AND COMMUNICATION ACTIVITY	136,988.
SUB-SAHARAN AFRICA	0	26	PROGRAM SERVICES	RESEARCH AND COMMUNICATION ACTIVITY	743,374.
SOUTH ASIA	0	3	PROGRAM SERVICES	RESEARCH AND COMMUNICATION ACTIVITY	41,105.
EUROPE	0	2	PROGRAM SERVICES	RESEARCH AND COMMUNICATION ACTIVITY	26,822.
CENTRAL AMERICA & THE CARIBBEAN	0	3	PROGRAM SERVICES	RESEARCH AND COMMUNICATION ACTIVITY	58,060.
SOUTH AMERICA	0	3	PROGRAM SERVICES	RESEARCH & COMMUNICATIONS	109,268.
3 a Sub-total	0	41			1,115,617.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	41			1,115,617.

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

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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 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)* 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: GUTTMACHER ENTERS INTO CONTRACTS WITH ITS PARTNERS TO PERFORM TASKS THAT ARE IN COMPLIANCE WITH GUTTMACHER'S MISSION. WE MONITOR THESE TASKS BY REQUESTING INTERIM AND FINAL FINANCIAL REPORTS TO TRACK SPENDING. WE ALSO VISIT THESE PARTNERS AT LEAST ONCE DURING THE CONTRACT PERIOD TO ENSURE THAT THE CONTRACTED TASKS ARE PERFORMED. IN ADDITION, WE ARE IN REGULAR CONTACT WITH THE PARTNERS VIA PHONE, EMAIL AND SKYPE.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: GUTTMACHER INSTITUTE; Employer identification number: 13-2890727

Part Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a [X] Mail solicitations; b [] Internet and email solicitations; c [] Phone solicitations; d [X] In-person solicitations; e [X] Solicitation of non-government grants; f [X] Solicitation of government grants; g [] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual... [X] Yes [] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes entry for TRIPI CONSULTING LLC.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AZ, CA, FL, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, AK, AR, CO, CT, GA, NM, ND, OH, OK, WA, WI

Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			()
	11	Net income summary. Combine line 3, column (d), and line 10			()

Part III Gaming. Complete if the organization answered "Yes" to 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))
		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. Combine line 1, column d, and line 7				()

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate 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 operate 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 operated 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 ▶ _____

- 15a 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. Complete this part to provide the explanations 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 complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990. ▶ See separate instructions.

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GUTTMACHER INSTITUTE

Employer identification number

13-2890727

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing 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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in 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" to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

GUTTMACHER INSTITUTE

13-2890727

Part I 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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHARON CAMP PRESIDENT & CEO	(i) 316,064.	(ii) 0.	(iii) 21,847.	33,551.	9,630.	381,092.	0.
(2) CORY RICHARDS EXECUTIVE VP & VP PUBLIC P	(i) 245,181.	(ii) 0.	(iii) 1,188.	24,960.	5,424.	276,753.	0.
(3) KENDELL BURROUGHS CHIEF FINANCIAL OFFICER	(i) 169,832.	(ii) 0.	(iii) 150.	17,482.	10,756.	198,220.	0.
(4) SUSHEELA SINGH VP RESEARCH	(i) 230,859.	(ii) 0.	(iii) 1,188.	23,858.	14,774.	270,679.	0.
(5) PATRICIA DONOVAN VP PUBLIC EDUCATION	(i) 189,917.	(ii) 0.	(iii) 1,238.	18,491.	6,082.	215,728.	0.
(6) CYNTHIA SUMMERS VP PUBLIC EDUCATION	(i) 48,419.	(ii) 0.	(iii) 39.	1,750.	996.	51,204.	0.
(7) RACHEL GOLD DIR POLICY ANALYSIS	(i) 168,331.	(ii) 0.	(iii) 640.	17,448.	12,356.	198,775.	0.
(8) AKINRINOLA BAKKOLE DIR OF INT'L RESEARCH	(i) 155,068.	(ii) 0.	(iii) 578.	16,182.	11,854.	183,682.	0.
(9) SUSAN COHEN DIR GOVT AFFAIRS	(i) 154,848.	(ii) 0.	(iii) 609.	16,753.	21,932.	194,142.	0.
(10) LAWRENCE FINER DIR OF DOMESTIC RESEARCH	(i) 153,820.	(ii) 0.	(iii) 127.	15,630.	4,806.	174,383.	0.
(11) GUSTAVO SUAREZ DIRECTOR OF COMMUNICATIONS	(i) 155,489.	(ii) 0.	(iii) 542.	16,073.	11,388.	183,492.	0.
(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.
(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.	0.

Part II Supplemental Information

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

PART I, LINE 1A: GUTTMACHER PROVIDES A HOUSING ALLOWANCE TO THE CEO

WHOSE PRIMARY RESIDENCE IS IN MARYLAND. THE BOARD REQUIRES HER TO BE IN THE

NEW YORK OFFICE AT LEAST THREE TIMES PER WEEK. GUTTMACHER ALSO PROVIDES

(GROSSES UP) FOR THE CEO'S SOCIAL SECURITY AND MEDICARE TAXES PAID ON THE

HOUSING ALLOWANCE.

THE PRESIDENT RESIDES IN MARYLAND AND SPLITS HER TIME

BETWEEN THE NEW YORK AND WASHINGTON DC OFFICES (APPROXIMATELY 60/40 SPLIT).

THE INSTITUTE ALLOWS FOR THE PERSONAL USE OF AN APARTMENT IN NEW YORK CITY

BY ITS PRESIDENT. PERSONAL USE OF THE APARTMENT WAS TREATED AS TAXABLE

COMPENSATION. THE APARTMENT IS ALSO USED BY OUT-OF-STATE STAFF WHEN THEY

ARE WORKING IN THE NEW YORK OFFICE FOR MORE THAN A DAY TO SAVE ON HOTEL

COSTS.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. See separate instructions.

Name of the organization: **GUTTMACHER INSTITUTE**
Employer identification number: **13-2890727**

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased (fn) of issuer		(h) Pooled financing	
						Yes	No	Yes	No
A NEW YORK CITY INDUSTRIAL DEVELOPMENT AGENCY	13-2906040649438DR6		05/01/07	1,885,000.	COST OF PROPERTY ACQUISITION		X		X
B NEW YORK CITY INDUSTRIAL DEVELOPMENT AGENCY	13-2906040649438DS4		05/01/07	9,115,000.	COST OF PROPERTY ACQUISITION	X		X	
C									
D									

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased		985,000.						
3 Total proceeds of issue		1,885,000.		9,115,000.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		102,057.						
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		1,782,943.		9,115,000.				
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2007		2007					
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X				

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 1487?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **GUTTMACHER INSTITUTE** Employer identification number **13-2890727**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(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	8	4,678,553.	COMPARABLE SALES
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 IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Part II

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

SCHEDULE M, LINE 30B: SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION

IS REPORTING THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

GUTTMACHER INSTITUTE

Employer identification number
13-2890727

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

FOUR DECADES AFTER ITS CREATION, THE GUTTMACHER INSTITUTE CONTINUES TO
ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGH AN
INTERRELATED PROGRAM OF RESEARCH, POLICY ANALYSIS AND PUBLIC EDUCATION
DESIGNED TO GENERATE NEW IDEAS, ENCOURAGE ENLIGHTENED PUBLIC DEBATE AND
PROMOTE SOUND POLICY AND PROGRAM DEVELOPMENT. THE INSTITUTE'S
OVERARCHING GOAL IS TO ENSURE THE HIGHEST STANDARD OF SEXUAL AND
REPRODUCTIVE HEALTH FOR ALL PEOPLE WORLDWIDE.

THE INSTITUTE PRODUCES A WIDE RANGE OF RESOURCES ON TOPICS PERTAINING
TO SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING PERSPECTIVES ON SEXUAL AND
REPRODUCTIVE HEALTH, INTERNATIONAL PERSPECTIVES ON SEXUAL AND
REPRODUCTIVE HEALTH AND THE GUTTMACHER POLICY REVIEW. IN 2009,
GUTTMACHER WAS DESIGNATED AN OFFICIAL COLLABORATING CENTER FOR
REPRODUCTIVE HEALTH BY THE WORLD HEALTH ORGANIZATION AND ITS REGIONAL
OFFICE, THE PAN AMERICAN HEALTH ORGANIZATION.

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

IN THE PAST YEAR, THE GUTTMACHER INSTITUTE (THE "INSTITUTE") CARRIED
OUT RESEARCH, POLICY ANALYSIS AND PUBLIC EDUCATION ACTIVITIES ON A WIDE
RANGE OF ISSUES. IN PURSUING ITS MISSION TO ADVANCE SEXUAL AND
REPRODUCTIVE HEALTH WORLDWIDE, THE INSTITUTE SPENT \$12,060,892 ON ITS
PROGRAMS.

PROGRAM HIGHLIGHTS IN 2012 INCLUDE: PUBLISHING NEW EVIDENCE ON THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
232211
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

GUTTMACHER INSTITUTE

Employer identification number

13-2890727

COSTS AND BENEFITS OF INVESTING IN FAMILY PLANNING IN THE DEVELOPING WORLD, WHICH HELPED BRING ABOUT BILLIONS OF DOLLARS IN NEW FUNDING COMMITMENTS FROM DONOR GOVERNMENTS, FOUNDATIONS AND OTHER INSTITUTIONS; PUBLISHING GAP-FILLING EVIDENCE ON WHY WOMEN IN THE UNITED STATES USE CONTRACEPTION, AND WHY THEY TURN TO SPECIALIZED FAMILY PLANNING CLINICS FOR THEIR CONTRACEPTIVE CARE INSTEAD OF OTHER TYPES OF PROVIDERS; PUBLISHING A WIDELY CITED STUDY IN THE LANCET DOCUMENTING A SLOWDOWN IN THE DECLINE OF ABORTION RATES WORLDWIDE DUE TO A STALL IN THE UPTAKE OF MODERN CONTRACEPTIVES; PRODUCING NEW RESEARCH FINDINGS SHOWING THAT THE SUBSTANTIAL DECLINE IN TEENAGE BIRTHS IN THE UNITED STATES IN 2010 WAS DUE ALMOST EXCLUSIVELY TO INCREASES IN CONTRACEPTIVE USE AMONG ADOLESCENTS; AND GENERATING TWO NEW SETS OF DATA-RICH STATE FACT SHEETS ONE HIGHLIGHTING THE IMPORTANCE OF MEDICAID AS A FUNDER OF FAMILY PLANNING SERVICES, AND ONE THAT FOCUSES ON THE INCIDENCE AND COSTS OF UNINTENDED PREGNANCY IN EACH STATE. THE INSTITUTE ALSO PUBLISHED QUARTERLY ISSUES OF ITS TWO PEER-REVIEWED SCIENTIFIC JOURNALS AND JOURNAL OF POLICY ANALYSIS, ALONG WITH A WIDE RANGE OF SPECIAL REPORTS, ISSUE BRIEFS, DATA VISUALIZATION TOOLS, STATE POLICY UPDATES AND OTHER RESOURCES.

THE INSTITUTE DISSEMINATED INFORMATION AND RESOURCES TO A LARGE AND DIVERSE AUDIENCE AND WORKED TO ENSURE THAT ITS DATA AND PERSPECTIVES INFORMED MEDIA COVERAGE AND POLICY AND PROGRAM DEVELOPMENT. GUTTMACHER INSTITUTE MATERIALS AND OPINION WERE FEATURED THOUSANDS OF TIMES IN REPORTS BY MEDIA OUTLETS IN THE UNITED STATES AND INTERNATIONALLY. STAFF PROVIDED SCIENTIFIC PRESENTATIONS AND EDUCATIONAL BRIEFINGS FOR MEMBERS OF THE U.S. CONGRESS AND ADMINISTRATION, POLICYMAKERS OVERSEAS, ADVOCACY AND RESEARCH COLLEAGUES AND HEALTH CARE PROVIDERS.

Name of the organization

GUTTMACHER INSTITUTE

Employer identification number

13-2890727

GUTTMACHER® WEB SITE, WWW.GUTTMACHER.ORG, REMAINED ONE OF THE MOST WIDELY RELIED UPON RESOURCES IN THE FIELD WITH OVER 14 MILLION PAGE VIEWS.

FORM 990, PART VI, SECTION B, LINE 11: THE INSTITUTE'S BOARD WILL RECEIVE A COPY OF THE FORM 990 PRIOR TO FILING. THE AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING AND APPROVING THE 990 FOR SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, KEY EMPLOYEES AND DIRECTORS ARE REQUIRED TO REVIEW, DISCLOSE POTENTIAL CONFLICTS, AND SIGN THE CONFLICT OF INTERESTS POLICY ANNUALLY. THE AUDIT COMMITTEE GATHERS ALL MATERIAL FACTS CONCERNING ANY DISCLOSED CONFLICTS. THE INFORMATION IS PROVIDED TO THE BOARD OF DIRECTORS FOR DELIBERATION. THE BOARD VOTES UPON THE APPROPRIATE ACTION WHILE THE INTERESTED PERSON IS EXCUSED.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMPENSATION SUBCOMMITTEE MAKES RECOMMENDATIONS TO THE BOARD ON THE COMPENSATION OF ALL "COVERED EMPLOYEES." COVERED EMPLOYEES INCLUDE MEMBERS OF THE INSTITUTE'S MANAGEMENT TEAM, CONSISTING OF THE PRESIDENT, VICE PRESIDENTS AND THE CHIEF FINANCIAL OFFICER. THESE INDIVIDUALS EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE INSTITUTE AND ARE, AS SUCH, "DISQUALIFIED PERSONS" WITHIN THE MEANING OF SECTION 4958(F)(1) OF THE INTERNAL REVENUE CODE. THE SUBCOMMITTEE'S PRIMARY PURPOSE IS TO ENSURE THAT EXECUTIVE COMPENSATION PACKAGES REPRESENT REASONABLE REMUNERATION FOR THE SERVICES PERFORMED AND TO ENSURE COMPLIANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS. THE SUBCOMMITTEE REVIEWS THE LIST OF COVERED EMPLOYEES ANNUALLY TO DETERMINE WHETHER ANY ADDITIONS TO OR DELETIONS FROM THE LIST ARE NEEDED.

Name of the organization

GUTTMACHER INSTITUTE

Employer identification number

13-2890727

THE SUBCOMMITTEE CONSISTS OF THE CHAIR OF THE BOARD, CHAIR OF THE HR COMMITTEE AND CHAIR OF THE FINANCE COMMITTEE. THEY MAY NOT HAVE ANY CONFLICT OF INTEREST, AS DEFINED IN THE BOARD MANUAL. THE SUBCOMMITTEE REPORTS ITS COMPENSATION DETERMINATIONS TO THE EXECUTIVE COMMITTEE AT ITS REGULAR FALL MEETING.

THE SUBCOMMITTEE WILL REVIEW THE COMPENSATION SURVEY CONDUCTED BY THE HR COMMITTEE WHICH WILL INCLUDE INFORMATION ON THE COMPENSATION PACKAGES FOR AT LEAST FIVE NON-PROFIT ORGANIZATIONS, BASED IN NEW YORK AND WASHINGTON, DC, WITH STAFFING LEVELS AND BUDGETS COMPARABLE TO THOSE OF THE INSTITUTE, AND WHICH CONDUCT ACTIVITIES SIMILAR IN SCOPE AND PURPOSE TO THOSE OF INSTITUTE. THE PURPOSE OF THE SURVEY WILL BE TO COMPARE THE COMPENSATION THAT SUCH ORGANIZATIONS PROVIDE FOR POSITIONS THAT ARE FUNCTIONALLY EQUIVALENT TO THOSE OF THE INSTITUTE'S COVERED EMPLOYEES. THE SUBCOMMITTEE MAY ALSO CONSIDER SURVEYS COMPILED BY INDEPENDENT FIRMS, RECOMMENDATIONS FROM MANAGEMENT AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF A COVERED EMPLOYEE. THE COMPARATIVE SALARY INFORMATION COLLECTED IS USED BY THE SUBCOMMITTEE TO ENSURE THAT THE TERMS OF COMPENSATION RECOMMENDED BY THE SUBCOMMITTEE, INCLUDING ANY NON-MONETARY COMPENSATION, CAN BE CONSIDERED REASONABLE.

THE SUBCOMMITTEE'S MINUTES INCLUDE A RECORD OF THE SUBCOMMITTEE MEMBERS WHO PARTICIPATED IN THE DELIBERATIONS AND IN THE VOTE, A RECORD OF THE RECOMMENDATIONS FOR EACH COVERED EMPLOYEE AND A COPY OF THE COMPARATIVE SALARY ANALYSIS USED TO DETERMINE THE REASONABLENESS OF THE SUBCOMMITTEE'S RECOMMENDATIONS. THE EXECUTIVE COMPENSATION COMMITTEE MEETS EVERY YEAR AT THE OCTOBER BOARD MEETING TO DETERMINE THE EXECUTIVE COMPENSATION FOR THE NEXT YEAR. THIS PROCESS WAS LAST CONDUCTED ON 10/2011.

Name of the organization

GUTTMACHER INSTITUTE

Employer identification number

13-2890727

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, HIFORM 990, PART VI, SECTION C, LINE 19: THE AUDITED FINANCIAL STATEMENTS
ARE POSTED ON OUR WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTING FEES:

PROGRAM SERVICE EXPENSES	696,903.
MANAGEMENT AND GENERAL EXPENSES	77,848.
FUNDRAISING EXPENSES	55,539.
TOTAL EXPENSES	830,290.

SUBCONTRACTING FEES:

PROGRAM SERVICE EXPENSES	1,009,377.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,009,377.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	21,451.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	37,729.
TOTAL EXPENSES	59,180.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,898,847.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	COMMERCIAL CONDOMINIUM	VARIABLE		.000	16	11,966,673.			11,966,673.	1,434,254.		344,659.
	* 990 PAGE 10 TOTAL											
	BUILDINGS											
	FURNITURE & FIXTURES					11,966,673.		0.	11,966,673.	1,434,254.	0.	344,659.
	FURNITURE AND FIXTURES											
2	FURNITURE AND FIXTURES	VARIABLE		.000	16	1,263,838.			1,263,838.	1,002,003.		39,367.
	* 990 PAGE 10 TOTAL											
	FURNITURE & FIXTURES											
	MACHINERY & EQUIPMENT					1,263,838.		0.	1,263,838.	1,002,003.	0.	39,367.
	COMPUTER HARDWARE AND SOFTWARE											
3	COMPUTER HARDWARE AND SOFTWARE	VARIABLE		.000	16	1,554,195.			1,554,195.	1,084,231.		115,484.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPMENT											
	OTHER LEASEHOLD IMPROVEMENTS					1,554,195.		0.	1,554,195.	1,084,231.	0.	115,484.
4	IMPROVEMENTS	VARIABLE		.000	16	895,749.			895,749.	299,770.		80,241.
	* 990 PAGE 10 TOTAL											
	OTHER											
	* GRAND TOTAL 990 PAGE 10 DEPR					15,680,455.		0.	15,680,455.	3,820,258.	0.	579,751.

228102 05-01-12
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
 51.1