

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2006

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
GUTTMACHER INSTITUTE
Number and street (or P O box if mail is not delivered to street address) Room/suite
120 WALL STREET
City or town, state or country, and ZIP + 4
NEW YORK, NY 10005

D Employer identification number
13-2890727
E Telephone number
(212) 248-1111
F Accounting method
Cash
Accrual
Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.guttmacher.org

J Organization type (check only one)
501(c)(3)
4947(a)(1)
527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 16,883,294

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates?
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Group Exemption Number
M Check if the organization is not required to attach Sch B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, and Net assets or fund balances at end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V - A (attach schedule)	25a	906,069	636,987	213,475
b Compensation of former officers, directors, key employees etc listed in Part V - B (attach schedule)	25b	3,297	3,297	
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	3,952,787	2,776,004	933,594
27 Pension plan contributions not included on lines 25a, b and c	27	394,260	277,018	93,013
28 Employee benefits not included on lines 25a - 27	28	480,963	337,938	113,469
29 Payroll taxes	29	343,391	241,276	81,012
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	101,689	71,891	23,632
34 Telephone	34	113,591	80,305	26,398
35 Postage and shipping	35	252,357	224,668	8,902
36 Occupancy	36	735,717	520,128	170,979
37 Equipment rental and maintenance	37	69,154	48,890	16,071
38 Printing and publications	38	304,314	259,278	25,501
39 Travel	39	556,033	311,769	211,609
40 Conferences, conventions, and meetings	40	159,782	89,590	60,808
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	220,954	155,250	52,126
43 Other expenses not covered above (itemize)				
a PROFESSIONAL FEES	43a	1,280,485	1,060,064	196,900
b DUES/SUBSCRIPTIONS/PUBLICATION	43b	51,709	36,910	11,018
c DATA PROCESSING	43c	51,106	37,266	12,305
d INFORMATION TECHNOLOGY	43d	375,743	266,488	86,938
e MISCELLANEOUS	43e	53,711	1,183	47,937
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	10,407,112	7,436,200	2,385,687

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? see statement 1 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a RESEARCH (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	3,256,289
b PUBLIC EDUCATION (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,943,012
c PUBLIC POLICY (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,236,899
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	7,436,200

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		416,078	45	431,735	
	46 Savings and temporary cash investments		579,633	46	3,298,320	
	47a Accounts receivable	47a	63,847			
	b Less allowance for doubtful accounts	47b	0	188,729	47c	63,847
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable		2,905,887	49	3,084,352	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			52		
	53 Prepaid expenses and deferred charges		46,135	53	123,029	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		11,356,697	54a	11,527,710	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			56			
57a Land, buildings, and equipment basis	57a	2,486,838				
b Less accumulated depreciation (attach schedule)	57b	1,970,139	578,537	57c	516,699	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		82,386	58	83,430		
59 Total assets (must equal line 74) Add lines 45 through 58		16,154,082	59	19,129,122		
Liabilities	60 Accounts payable and accrued expenses		417,835	60	489,513	
	61 Grants payable			61		
	62 Deferred revenue		39,066	62	16,752	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)		114,471	65	68,683	
66 Total liabilities Add lines 60 through 65		571,372	66	574,948		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		5,985,388	67	6,707,806	
	68 Temporarily restricted		7,215,297	68	8,224,293	
	69 Permanently restricted		2,382,025	69	3,622,075	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		15,582,710	73	18,554,174	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		16,154,082	74	19,129,122	

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued)
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006
91a The books are in care of
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, PUBLICATIONS, Medicare/Medicaid payments, etc.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here

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.

	2007-05-02
Signature of officer	Date
Type or print name and title	

Paid Preparer's Use Only		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no

**SCHEDULE A
(Form 990 or 990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

Name of the organization
GUTTMACHER INSTITUTE

Employer identification number

13-2890727

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RACHEL GOLD C/O GUTTMACHER INSTITUTE NEW YORK, NY 10005	DIR POLICY ANALYSIS 40 0	119,000	43,693	0
AKINRINOLA BANKOLE C/O GUTTMACHER INSTITUTE NEW YORK, NY 10005	DIR OF INTL RESEARCH 40 0	124,300	46,386	0
SUSAN COHEN C/O GUTTMACHER INSTITUTE NEW YORK, NY 10005	DIR GOV'T AFFAIRS 40 0	115,000	44,082	0
KENDELL BURROUGHS C/O GUTTMACHER INSTITUTE NEW YORK, NY 10005	CONTROLLER 40 0	114,000	39,170	0
ERIC MUSCATELL C/O GUTTMACHER INSTITUTE NEW YORK, NY 10005	DIR OF DEVELOPMENT 40 0	119,000	29,791	0
Total number of other employees paid over \$50,000	29			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
AFRICAN POP HLTH RESEARCH CTR UPPER HILL ROAD 2ND FLOOR PO BOX 10 NAIROBI KE	RESEARCH	120,379
CONTINENTAL RESOURCES INC PO BOX 4196 BOSTON, MA 02211	MIS CONSULTING	128,806
ELENA PRADA CARRERA 997-06 BOGATA CO	RESEARCHER	63,487
DR FATIMA JUAREZ YACATAS 3551 COL NAVARTE 03020 MX	research CONSULTANT	121,330
INITIATIVE PRIVEE ET COMMUNAUT 06 BP OUAGADOUGOU 10220 KE	research consultant	76,557
Total number of others receiving over \$50,000 for professional services	2	


Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ <u>\$ 84,403</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	Yes	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) </p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) 	31	
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 		
33 Does the organization discriminate by race in any way with respect to	33a	
a Students' rights or privileges?	33b	
b Admissions policies?	33c	
c Employment of faculty or administrative staff?	33d	
d Scholarships or other financial assistance?	33e	
e Educational policies?	33f	
f Use of facilities?	33g	
g Athletic programs?	33h	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		84,403
38	Total lobbying expenditures (add lines 36 and 37)		84,403
39	Other exempt purpose expenditures		10,337,709
40	Total exempt purpose expenditures (add lines 38 and 39)		10,422,112
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 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		671,106
42	Grassroots nontaxable amount (enter 25% of line 41)		167,777
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	671,106	607,367	664,965	618,645	2,562,083
46 Lobbying ceiling amount (150% of line 45(e))					3,843,125
47 Total lobbying expenditures	84,403	71,973	57,242	95,256	308,874
48 Grassroots nontaxable amount	167,777	151,842	166,241	154,661	640,521
49 Grassroots ceiling amount (150% of line 48(e))					960,782
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence 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 **c** through **h**.)
- 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 other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

TY 2006 Depreciation and Depletion Schedule

Name: GUTTMACHER INSTITUTE

EIN: 13-2890727

Asset	Amount
FURNITURE & EQUIPM	127,680
LEASEHOLD IMPROV	93,274

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** GUTTMACHER INSTITUTE**EIN:** 13-2890727**Gross Sales Price:** 3,804,684**Basis:** 4,145,488**Sales Expenses:****Total (net):** -340,804

Additional Data**Software ID:****Software Version:****EIN:** 13-2890727**Name:** GUTTMACHER INSTITUTE**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RENEE JENKINS 120 WALL STREET NEW YORK, NY 10005	CHAIR 2 0	0	0	0
MELISSA GILLIAM 120 WALL STREET NEW YORK, NY 10005	SENIOR VICE CHAIR 2 0	250	0	0
BOB DIAMOND 120 WALL STREET NEW YORK, NY 10005	VICE CHAIR 2 0	0	0	0
PAUL SPERRY 120 WALL STREET NEW YORK, NY 10005	TREASURER 2 0	0	0	0
AMY ALLINA 120 WALL STREET NEW YORK, NY 10005	secretary 2 0	0	0	0
R LUCIA RIDDLE 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
JUDY TABB 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
JOHN ROMO 120 WALL STREET NEW YORK, NY 10005	Director 2 0	0	0	0
DAVID BELL 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 0	0	0	0
TINA RAINE BENNETT 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
R ALTA CHARO 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
WILLARD CATES JR 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
DARLEE CROCKETT 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
PEGGY DANZIGER 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
CLINTON DEVEAUX 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
LINDA JACOBS 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
ROBIN CHANDLER DUKE 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
M JOYCELYN ELDERS 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
PARFAIT M ELOUNDOU-ENYEGUE 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
ABIGAIL ENGLISH 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	700	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DON WINEBERG 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
BEATRIZ SOLIS 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
ANNETTE P CUMMING 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
DEBORAH DE WITT 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
LINDA GORDON 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
SILVIA HENRIQUEZ 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
DAVID HOPKINS 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
CAROLYN WESTHOFF 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
TERESA DEPINERES 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
DANIEL LICHTER 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES MCCARTHY 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
NADINE PEACOCK 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	250	0	0
DALE ANNE REISS 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
KATHY HUDSON 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
MARGIE FITES SEIGLE 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
MARY SHALLENBERGER 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
ALLAN ROSENFELD 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
SCOTT SPEAR 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
DAVIKA SINGH 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
JAMES TRUSSEL 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL RESNICK 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
charles f westoff 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
ANN SVENSEN 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
LAURIE SCHWAB ZABIN 120 WALL STREET NEW YORK, NY 10005	DIRECTOR 2 0	0	0	0
SHARON CAMP 120 WALL STREET NEW YORK, NY 10005	PRESIDENT & CEO 40 0	224,350	58,443	0
CORY L RICHARDS 120 WALL STREET NEW YORK, NY 10005	SR VP & VP PUBLIC POLICY 40 0	180,200	48,445	0
ROBERT ROSENDALE 120 WALL STREET NEW YORK, NY 10005	VP ADMINISTRATION & FINANCE 40 0	171,519	19,191	0
SUSHEELA SINGH 120 WALL STREET NEW YORK, NY 10005	VP RESEARCH 40 0	164,400	54,754	0
PATRICIA DONOVAN 120 WALL STREET NEW YORK, NY 10005	VP PUBLIC EDUCATION 40 0	164,400	46,829	22,800

Form 990, Part VI, Line 90a - List the states with which a copy of this return is filed:

List the states with which a copy of this return is filed	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
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Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PUBLICATIONS INCREASE THE PUBLIC'S AWARENESS OF INFORMATION
0	CONCERNING REPRODUCTIVE HEALTH ISSUES AND REPORTS ON
0	RESEARCH, CONDUCTED BY THE INSTITUTE IN ACCORDANCE WITH THE
0	INSTITUTES EXEMPT PURPOSE
103B	OTHER INCOME GENERATED THROUGH EXEMPT ACTIVITIES CONDUCTED
0	BY THE INSTITUTE

TY 2006 General Explanation Attachment

Name: GUTTMACHER INSTITUTE

EIN: 13-2890727

Identifier	Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ORGANIZATION'S PRIMARY EXEMPT PURPOSE	<p>MISSION ===== GUTTMACHER INSTITUTE (THE "INSTITUTE") ADVANCES SEXUAL AND REPRODUCTIVE HEALTH THROUGH AN INTERRELATED PROGRAM OF SOCIAL SCIENCE RESEARCH, POLICY ANALYSIS AND PUBLIC EDUCATION, DESIGNED TO GENERATE NEW IDEAS, ENCOURAGE ENLIGHTENED PUBLIC DEBATE, PROMOTE SOUND POLICY AND PROGRAM DEVELOPMENT, AND, ULTIMATELY, INFORM INDIVIDUAL DECISION-MAKING VALUES ===== THE INSTITUTE'S PROGRAM IS GUIDED BY SIX OVERARCHING INSTITUTIONAL VALUES - ATTENTION TO METHODOLOGICAL RIGOR AND ACCURACY AS FUNDAMENTAL TO THE INTEGRITY AND CREDIBILITY OF THE INSTITUTE'S RESEARCH, - COMMITMENT TO PUBLISH AND DISSEMINATE RESULTS OF THE INSTITUTE'S RESEARCH REGARDLESS OF THE POLITICAL OR PROGRAM RAMIFICATIONS AND TO EVIDENCE-BASED PUBLIC EDUCATION AND ADVOCACY, - OPENNESS TO MULTIPLE PERSPECTIVES OF OUTSIDE EXPERTS TO ENRICH THE INSTITUTE'S PROGRAM AND ENHANCE ITS UNDERSTANDING OF THE ISSUES, - ANTICIPATION AND STUDY OF EMERGING ISSUES TO EQUIP THE INSTITUTE TO INFORM PUBLIC DEBATE WHEN SUCH ISSUES GAIN PROMINENCE, - BALANCE BETWEEN NEW AND CONTINUING PRIORITIES TO ENSURE THAT THE INSTITUTE IS BOTH ON THE CUTTING EDGE OF SCHOLARLY AND POLITICAL THOUGHT AND FULLY COMMITTED TO CORE ISSUES OF ONGOING IMPORTANCE, AND, - COLLABORATION WITH OTHERS TO EXPAND THE REACH AND SUSTAINABILITY OF THE INSTITUTE'S EFFORTS GUIDING PRINCIPLES ===== A VISION FOR THE FUTURE ----- THE INSTITUTE ENVISIONS A WORLD IN WHICH ALL WOMEN AND MEN HAVE THE ABILITY TO EXERCISE THEIR RIGHTS AND RESPONSIBILITIES-FREELY AND WITH DIGNITY-REGARDING SEXUAL BEHAVIOR, REPRODUCTION AND FAMILY FORMATION ESSENTIAL TO THIS VISION ARE PUBLIC- AND PRIVATE-SECTOR HEALTH AND SOCIAL POLICIES THAT SUPPORT BOTH PERSONAL DECISIONS ABOUT WHETHER AND WHEN TO HAVE A CHILD AS WELL AS PARENTHOOD AND PARENTING SO, TOO, IS THE ERADICATION OF PERSISTENT GENDER INEQUALITY THROUGHOUT THE WORLD AND THE ATTAINMENT OF EQUAL STATUS, RIGHTS AND RESPONSIBILITIES FOR WOMEN WITH SEXUAL, FAMILIAL AND SOCIAL RELATIONSHIPS, AND IN ALL ASPECTS OF PUBLIC LIFE AN INTEGRATED VIEW OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THE INSTITUTE REGARDS SEXUAL AND REPRODUCTIVE HEALTH, AND SEXUAL AND REPRODUCTIVE RIGHTS, AS CLOSELY RELATED AND INHERENTLY INTERDEPENDENT SEXUAL HEALTH IS INTEGRAL TO REPRODUCTIVE HEALTH, SEXUAL AND REPRODUCTIVE RIGHTS ARE FUNDAMENTAL TO THE ACHIEVEMENT OF SEXUAL AND REPRODUCTIVE HEALTH THEREFORE, RECOGNIZING THE RANGE OF INTERRELATED NEEDS PEOPLE HAVE OVER THE COURSE OF THEIR LIVES FROM ADOLESCENCE ONWARD, THE INSTITUTE WORKS TO PROTECT, EXPAND AND EQUALIZE ACCESS TO INFORMATION AND SERVICES THAT WILL ENABLE THEM TO -- AVOID UNPLANNED PREGNANCIES, -- PREVENT AND TREAT SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV, -- EXERCISE THE RIGHT TO CHOOSE ABORTION, -- ACHIEVE HEALTHY PREGNANCIES AND BIRTHS, -- BALANCE PARENTING WITH OTHER ROLES, AND -- HAVE HEALTHY SATISFYING SEXUAL RELATIONSHIPS PRIORITY ATTENTION TO THOSE IN GREATEST NEED -----</p> <p>----- THE INSTITUTE PROMOTES THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF ALL PEOPLE, BUT GIVES PRIORITY ATTENTION TO ADDRESSING THE NEEDS AND CONCERNS OF THOSE WHOSE ACCESS TO INFORMATION, SERVICES OR OTHER SOCIETAL BENEFITS MAY BE IMPEDED BY THEIR AGE, MARITAL STATUS, GEOGRAPHY OR INCOME, OR BY VIRTUE OF GENDER, RACIAL, ETHNIC, RELIGIOUS OR CULTURAL DISCRIMINATION A RESPONSIBILITY TO THE UNITED STATES AND THE WORLD ----- AS A U S ORGANIZATION, THE INSTITUTE IS ACUTELY AWARE OF THE PRESSING NEED, AND UNDERTAKES AS ITS FIRST RESPONSIBILITY, TO IMPROVE THE QUALITY OF POLICY AND PROGRAM CONCERNING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE UNITED STATES UNDERSTANDING FURTHER THAT THE POLITICAL, CULTURAL AND FINANCIAL POWER OF THE UNITED STATES CAN HAVE CONSIDERABLE IMPACT ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGHOUT THE WORLD, THE INSTITUTE PLACES A SIMILARLY HIGH PRIORITY ON MONITORING AND ANALYSIS OF U S POLICY AS IT AFFECTS WOMEN AND MEN IN OTHER COUNTRIES IN ITS INTERNATIONAL EFFORTS, THE INSTITUTE IS MINDFUL OF THE UNDERLYING COMMONALITIES ACROSS AND WITHIN COUNTRIES UNDER WHICH SEXUALITY IS EXPRESSED, FAMILIES OR UNIONS ARE FORMED, AND CHILDREN ARE CONCEIVED AND BORN THE INSTITUTE EMPHASIZES THE DEVELOPMENT AND DISSEMINATION OF THEMATIC COMPARATIVE ANALYSES THAT ARE GLOBAL OR REGIONAL IN SCOPE AND ON COUNTRY -SPECIFIC WORK THAT WILL HAVE THE GREATEST RELEVANCE IN OTHER PARTS OF THE WORLD</p>

Identifier	Return Reference	Explanation
FORM 990, PART III - STATEMENT OF PROGRAM ACCOMPLISHMENTS	PROGRAMS AND ACHIEVEMENTS	<p>TO FULFILL ITS MISSION, GUTTMACHER INSTITUTE (THE "INSTITUTE") USED ITS ANNUAL BUDGET OF \$10,407,112 of which \$7,436,200 was used IN PROGRAM SERVICES TO SUPPORT ITS NATIONAL AND INTERNATIONAL RESEARCH AND PUBLIC EDUCATION ACTIVITIES, BASED IN NEW YORK, AND ITS PUBLIC POLICY WORK, BASED IN WASHINGTON, DC IN DETERMINING ITS PRIORITIES, THE INSTITUTE ANTICIPATES SOCIAL, POLITICAL AND LEGAL CONDITIONS THAT WILL PROPEL ISSUES TO THE FOREFRONT OF PUBLIC ATTENTION EACH CURRENT EFFORT BUILDS ON THOSE OF THE PAST THE PROCESS IS A CYCLICAL ONE, IN WHICH PUBLIC POLICY DEVELOPMENTS LEAD TO RESEARCH AND THEN TO COMMUNICATION OF FINDINGS, RECOMMENDATIONS AND IDEAS THE INSTITUTE STRIVES TO PROVIDE INFORMATION THAT WILL HAVE MULTIPLE USES AT THE NATIONAL, STATE, LOCAL - AND INTERNATIONAL - LEVELS BY ACTIVELY SEEKING THE COOPERATION AND ADVICE OF OTHER ORGANIZATIONS AND RESEARCHERS, THE INSTITUTE ENCOURAGES COLLABORATIVE ENDEAVORS THAT WILL SERVE ITS MISSION, INCREASE ITS EFFECTIVENESS AND AVOID DUPLICATION OF EFFORT THE INSTITUTE INFORMS ITS VARIOUS AUDIENCES - POLICYMAKERS, ACTIVISTS, HEALTH PROFESSIONALS, RESEARCHERS, THE MEDIA AND THE PUBLIC THROUGH THE FOLLOWING - PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH - A PEER-REVIEWED, QUARTERLY JOURNAL OF ORIGINAL, POLICY-RELEVANT, WIDELY REFERENCED RESEARCH AND ANALYSIS ON SEXUAL AND REPRODUCTIVE HEALTH IN THE UNITED STATES AND OTHER DEVELOPED COUNTRIES - INTERNATIONAL FAMILY PLANNING PERSPECTIVES - A PEER-REVIEWED QUARTERLY JOURNAL OF RESEARCH ARTICLES FOR USE BY THOSE CONCERNED WITH FERTILITY, FAMILY PLANNING, MATERNAL AND CHILD HEALTH, AND POPULATION POLICY - THE GUTTMACHER POLICY REVIEW formerly THE GUTTMACHER REPORT ON PUBLIC POLICY - A BIMONTHLY REVIEW THAT ANALYZES SEXUAL AND REPRODUCTIVE HEALTH POLICYMAKING IN WASHINGTON AND IN STATE CAPITALS ACROSS THE COUNTRY - INFORMATION CRITICAL TO UNDERSTANDING, ANTICIPATING AND EFFECTING CHANGE - WEB SITE (WWW.GUTTMACHER.ORG) - SPECIAL REPORTS, NEWS RELEASES, ELECTRONIC LIST SERVE ANNOUNCEMENTS, FACT SHEETS, POLICY PAPERS, AND SLIDE SERIES</p>

Identifier	Return Reference	Explanation
RELATED CURRENT OFFICERS, DIRECTOR, TRUSTESS & KEY EMPLOYEES	PART V-A 75B	FIVE MEMBERS OF THE INSTITUTE'S BOARD OF DIRECTORS ARE ALSO MEMBERS OF THE BOARD OF DIRECTORS OF PLANNED PARENTHOOD FEDERATION OF AMERICA

TY 2006 Land etc. Schedule

Name: GUTTMACHER INSTITUTE

EIN: 13-2890727

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
FURNITURE & EQUIPM	1,731,981	1,407,790	324,191
LEASEHOLD IMPROV	754,857	562,349	192,508

TY 2006 Other Assets Schedule

Name: GUTTMACHER INSTITUTE

EIN: 13-2890727

Description	Beginning of Year Amount	End of Year Amount
SECURITY DEPOSITS	82,386	83,430

TY 2006 Other Changes in Net Assets Schedule**Name:** GUTTMACHER INSTITUTE**EIN:** 13-2890727

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	640,770

TY 2006 Other Liabilities Schedule

Name: GUTTMACHER INSTITUTE

EIN: 13-2890727

Description	Beginning of Year Amount	End of Year Amount
DEFERRED LEASE INCENTIVE	114,471	68,683

TY 2006 Other Income Schedule

Name: GUTTMACHER INSTITUTE

EIN: 13-2890727

Description	2003	2002	2001	2000	Total
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TY 2006 Self Dealing Statement

Name: GUTTMACHER INSTITUTE

EIN: 13-2890727

Line Number	Explanation
2c	THE INSTITUTE LEASES AN APARTMENT IN NEW YORK CITY WHERE STAFF OR CONSULTANTS MAY STAY WHEN CONDUCTING BUSINESS IN NEW YORK. THIS ARRANGEMENT IS IN LIEU OF PROVIDING HOTEL ACCOMODATIONS ON APPROVED BUSINESS TRAVEL.

Line Number	Explanation
2d	SEE 990 PART V. ADDITIONALLY, TRUSTEES OF THE ORGANIZATION ARE REIMBURSED FOR OUT-OF-POCKET EXPENSES INCURRED IN CONJUNCTION WITH SERVICES PERFORMED FOR THE ORGANIZATION.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Supplemental Support Schedule

Name: GUTTMACHER INSTITUTE

EIN: 13-2890727

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	7,749,230		62,881	576,795				43,371	8,432,277
2004	7,048,419		67,479	679,910				49,374	7,845,182
2003	6,975,946		30,750	768,875				32,298	7,807,869
2002	7,921,052		38,282	168,927				50,784	8,179,045

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning _____, 2006, and ending _____, 20__

2006

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization

Employer identification number

GUTTMACHER INSTITUTE

13-2890727

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>12737806.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

I authorize the US Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the US Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶

Colin W Rosendale 15/2/07
Signature of officer Date

▶ VP of Administration + Finance
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <u><i>Queri J Floch CPA</i></u> Date <u>5/3/07</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00736879</u>
	Firm's name (or yours if self-employed), address, and ZIP code <u>EISNER LLP</u>	EIN <u>13639826</u>		
	<u>750 THIRD AVENUE</u> <u>NEW YORK NY 10017-2703</u>	Phone no <u>212 949-8700</u>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN _____		
	Phone no _____			