| _ | 99 | 10 | Batus | n of Oznaniza | tion Evenn | t Erom in | | Tov | | OMB No | 1545-0047 | | |
|--------------------------------|-------------------------------------|---|---|----------------------------------|---------------------------------------|---------------------|--------------|----------------|-----------------------|-----------------------------|---------------------|--|--|
| Form | 33 | ,, | -Retur | n of Organiza | tion Exemp | t From in | come | ıax | | 20 | 19 | | |
| (Rev | January | 2020) | Under section 501(d | e), 527, or 4947(a)(1) | of the Internal Rev | renue Code (ex | ccept priva | ite found | lations) | | | | |
| Depart | ment of ti | he Treasury | ▶ Do not er | nter social security n | umbers on this fo | rm as it may b | e made pu | ıblıc. | | Open to | o Public | | |
| Interna | Revenu | e Service | | ww.irs.gov/Form990 | for instructions a | ind the latest i | nformation | ٦. | | Inspe | ction | | |
| A F | or the | 2019 calendar | year, or tax year begin | _ | | | nd ending | | | , 20 | | | |
| В | heck if a | pplicable | C Name of organizationMa | le Contracept | ion Initiativ | /e | | | | r identification r | | | |
| $\overline{}$ | doress d | • | | ale Contracept | | <u>ze</u> | | | | 7-112485 | 6 | | |
| ᅲ | lame cha | • | · · | O box if mail is not delivere | d to street address) | | Room/suite | | E Telephon | | | | |
| = | utial retur | | 311 Ninth St N | | | | 12 | | | 984) 464- | 2951 | | |
| = | | n/terminated | , | rvince, country, and ZIP or fo | reign postal code | | | į' | G Gross re | • | 17 140 | | |
| ᇊ | mended i | recum n pending | Durham, NC 277 | incipal officer: Heathe : | · Vahdat | | ы | 9) 10 0000 0 | S oup return for s | T T | 917,140 Yes X No | | |
| ⊔ <i>′</i> | ppicauoi | rpending | Same as C above | • | . vanuac | 0 | | | ubordinates ir | | Yes No | | |
| ī | ax-exemp | nt status 🕱 5 | 01(c)(3) 501(c) (|) (insert no) | 4947(a)(1) or | 527 |) | • | | a list (see instructions) | | | |
| | J Website www.malecontraceptive.org | | | | | | | | | | | | |
| K F | orm of or | ganization 🕱 C | Corporation Trust Ass | sociation Other | | L Year of formation | n 2014 | M St | ate of legal d | omiale NC | | | |
| Pai | tΙ | Summary | | | · · | | | | | | | | |
| | 1 | Briefly describe | e the organization's miss | on or most significant | activities MCI | 'S MISSIO | N IS TO | FACIL | ITATE E | RESEARCH | & | | |
| | | DEVELOPMEN | NT OF MALE CONTR | ACEPTIVES FOR | PEOPLE AROUN | D THE WOR | LD AND ! | ro Bui | LD AWAI | RENESS AM | 10NG | | |
| auc | | RESEARCHE | RS, DONORS AND T | HE GENERAL PUE | LIC ABOUT TH | E DEMAND | FOR AND | STATU | S OF NO | VEL MALE | 2 | | |
| Governance | | | TIVE METHODS | | | | | | | | | | |
| ò | | | ► ☐ if the organization | • | • | of more than 2 | 5% of its ne | et assets | 1 - 1 | | | | |
| ∞5 | | | ng members of the gove | | - | | | | 3 | | | | |
| Activities & | | | ependent voting member | | | | | | 4 | | 7 | | |
| E VF | | | if individuals employed in | • | Part V, line 2a) | • • • • • • | | | 6 | | 4 | | |
| Ac | | | of volunteers (estimate if it business revenue from t | | ine 12 | | | | 7a | | 11 | | |
| | | | ousiness taxable income | | | | | | 7b | | <u> </u> | | |
| | ~ | TTO CONTROLLED I | 74311033 taxable income | 1, 1110 | 00 1111 | | Р | nor Year | 1 | Current Y | | | |
| | 8 | Contributions a | and grants (Part VIII, line | 1h) | | . | | 1,955, | . 641 | | 12,575 | | |
| 9 | 9 | Program service | ce revenue (Part VIII, line | 2g) | | | | | 271 | | 1,000 | | |
| Revenue | 10 | Investment inc | ome (Part VIII, column (A | A), lines 3, 4, and 7d) | | . | | 3, | , 365 | | 947 | | |
| æ | 11 | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | 1,344 | | | | |
| | 12 | Total revenue - | add lines 8 through 11 (| must equal Part VIII, o | olumn (A), line 12) | | | 1,962, | ,621 | 1,9 | 16,508 | | |
| | | | nilar amounts paid (Part I | | -3) | | · | 727, | , 385 | 8 | 47,100 | | |
| | i | • | o or for members (Part IX | | | | · | | | | 0 | | |
| Ses | 1 | | compensation, employe | • • | lumn (A), lines 5-10 |)) | · | 209, | ,259 | 3 | 46,851 | | |
| Suc. | 1 | | indraising fees (Part IX, o | | • • • • • • • • | | · | | | | 0 | | |
| Expen | 1 | | ig expenses (Part IX, col s (Part IX, column (A), lir | | | 18,229 | | 216 | 070 | | | | |
| ш | 1 | - | Add lines 13-17 (must | • | (A) line 25) | | | 216, 1,153, | | | 07,498 | | |
| | 1 | • | expenses Subtract line | | · · · · · · · · · · · · · · · · · · · | | - | 808 | | | 15,059 | | |
| - 8 | † <u> </u> | , | | | RECE | IVED O | Beginnin | g of Curren | | End of Ye | | | |
| Net Assets or Fund Balances | 20 | Total assets (P. | art X, line 16) | | . 전 | | | 980, | | | 94,829 | | |
| Ass dB3 | 21 | Total liabilities | (Part X, line 26) | | . JUN. 2 | 9. 2020 S | ' | 1, | 067 | • | 0 | | |
| <u> </u> | 22 | Net assets or fo | und balances Subtract I | ine 21 from line 20 | | | 1 | 979, | 770 | 1,3 | 94,829 | | |
| Pai | t II | Signature | Block | | OGDE | N, UT | | | | | | | |
| | | | e that I have exammed this returation of preparer (other than off | | | | my knowledgi | e and belief, | , it is | | | | |
| | | . a ach | ha- | ·, | | | | | lue | 9, 2020 | | | |
| Sign | , | Par Evy | | | | | | | | 9, 2020 | | | |
| _ | | Signature of David C | Sokal, Board Chair | | | | | | Date | | | | |
| Her | , | . | nt name and title | | | • | | | | | | | |
| | | Print/Type prepa | | Preparer's signature | | Date | | 1 | X f PTI | N | | | |
| Paid | | , , , , | | Mark S | Danes | 06-09-202 | | | ee " | | e | | |
| | oarer | Mark Dane | | anes CPA PLLC | | PO-03-202 | | self-emple | | <u> 190132173</u> 161285 | | | |
| - | Only | | | nchmans Creek | Drive | | Phone | | 1 -10-10 | <u> </u> | | | |
| | | | Durham N | | = | | | | 919-452 | 2-1999 | | | |
| May t | he IRS | discuss this ref | turn with the preparer shi | | uctions) · · · · | | | | | | No | | |
| | _ | | Act Notice, see the se | | | | | | | Form 9 | 990 (2019) | | |
| EEA | | | | | | | | | | | | | |

| Form | n 990 (2019) Male Contraception Initiative 47-1124856 Pag |
|------|---|
| Pa | rt III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission |
| | MCI'S MISSION IS TO FACILITATE RESEARCH & DEVELOPMENT OF MALE CONTRACEPTIVES FOR PEOPLE AROUND |
| | THE WORLD AND TO BUILD AWARENESS AMONG RESEARCHERS, DONORS AND THE GENERAL PUBLIC ABOUT THE |
| | DEMAND FOR AND STATUS OF NOVEL MALE CONTRACEPTIVE METHODS |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? · · · · · · · · · · · · · · · · · · · |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported |
| | |
| 4a | (Code) (Expenses \$1,172,887 including grants of \$964,072) (Revenue \$1,000) |
| | Research Advancement: In 2019 we awarded two \$150,000 seed grants and two \$300,000 discovery and |
| | development grants to a total of four domestic grantees. We also awarded three fellowships that |
| | consist of a two-year stipend to students who were selected based on a competitive application |
| | process. First year fellowship payments in the amount of \$50,000 per student were paid. In |
| | addition, a second year fellowship payment was made for a 2018 fellowship recipient, also in the |
| | amount of \$50,000. For more information, please see our 2019 annual report: |
| | https://www.malecontraceptive.org/wp-content/uploads/2020/03/MCI-2019-Annual-Report.pdf. |
| | |
| | |
| | |
| | |
| 4b | (Code) (Expenses \$ 199,615 including grants of \$ 7,951) (Revenue \$) |
| | See SERVICES page for a description of this program service. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4.4 | Other according convices (Deceribe on Schedule O.) |
| 4d | Other program services (Describe on Schedule O) (Exposes S) (Pevenue S) |
| 40 | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 1,372,502 |
| 4e | Total program service expenses 1,372,502 |

Page 3

9) Male Contraception Initiative Checklist of Required Schedules

| | | | Yes | No |
|-----------|---|------------|---------------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| _ | complete Schedule A · · · · · · · · · · · · · · · · · · | 1 | X_ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 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? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | 5 | | |
| 6 | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 3 | | x |
| U | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | v |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | X |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | ··· | | |
| • | complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | 1 |
| | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | <u> </u> |
| þ | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| С | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| a | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 444 | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d 11e | | X |
| e | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | x |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | x |
| ь | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | =- |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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? If "Yes," complete Schedule F, Parts I and IV | 14b | x | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | X | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 40 | | |
| 47 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 47 | | |
| 18 | Part IX, column (A), tines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | <u> </u> |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | v |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | <u> </u> |
| 13 | If "Yes," complete Schedule G, Part III | 19 | 1 | ¥ |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | $\overline{}$ | <u>x</u> |
| zo a b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | \dashv | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | - | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| | | | | |

| | n 990 (2019) Male Contraception Initiative 47-1124 IntilVI Checklist of Required Schedules (continued) | 856 | F | Page 4 |
|----------|--|------|--------|--------|
| <u> </u> | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | x | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | Ì |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 1 | | |
| | through 24d and complete Schedule K If "No," go to line 25a | 24a | | x |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Ĺ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · · | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | 1 | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | 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) | 1 | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | x |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | x |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · · | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II · · · · · · · · · · · · · · · · · · | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes " complete Schedule R, Part II, III, | | | 1 |
| | or IV, and Part V, line 1- · · · · · · · · · · · · · · · · · · | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | x |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | Ĺ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 1 | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | x | Į. |
| P.ar | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| b | Enter the number of Form W-2G included in line 1a Enter -0- if not applicable | | | |
| С | | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | х | |
| EEA | | Form | 990 (2 | (019) |

| | | | Yes | No |
|-----|--|-----------------|-------------|---------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 4 | | | |
| þ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | Ì | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ж |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3ь | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| ь | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | İ | x |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | ĺ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | $\overline{}$ |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | 1 |
| | and services provided to the payor? | 7a | | x |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? · · · · · · · · · · · · · · · · · · · | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | х |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • • | 7h | | х |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · · | | - | ĺ |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b |] | | ĺ |
| 11 | Section 501(c)(12) organizations. Enter | | | ĺ |
| а | Gross income from members or shareholders · · · · · · · · · · · · · · · · · · · | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | İ |
| | against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O | | 1 | i |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | ii |
| c | Enter the amount of reserves on hand | $oxed{igspace}$ | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | x |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | _ |
| | excess parachute payment(s) during the year? | 15 | | х |
| | If "Yes," see instructions and file Form 4720, Schedule N | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O | | | |

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 or note to any line in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O Enter the number of voting members included in line 1a, above, who are independent ь 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? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Each committee with authority to act on behalf of the governing body? 8ь 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 on Schedule O x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b x Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 13 Did the organization have a written whistleblower policy? 13 x Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official 15a x Other officers or key employees of the organization 15b 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? 16a 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 List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website ☐ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Heather Vahdat (984) 464-2951, 811 Ninth St No 255, Durham, NC 27705

| Form 990 (201 | 9) Male Contraception Initiative | 47-1124856 | Page |
|---------------|--|----------------------|-------|
| Part VIII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Condependent Contractors | ompensated Employees | , and |
| | Check if Schedule O contains a response or note to any line in this Part VII | | |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | · | |

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

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

- 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

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

EEA

| Check this box if neither the organization nor any relat | ed organizati | on con | npen | sate | ed ar | ny curr | ent c | officer, director, or t | rustee | - - |
|--|--|--|-----------------------|------|--------------|------------------------------|-------|---------------------------------------|--|---|
| (A) Name and title | (B) Average | (C) Position (do not check more than one box, unless person is both an officer and a director/frustee) | | | | | | (D) Reportable compensation | (E) Reportable | (F) Estmated amount |
| | hours per week (list any hours for | | | | r— | · | _ | from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | of other compensation from the organization and related organizations |
| | related organizations below dotted line) | Individuel trustee or director | Institutional trustee | ær | Key employee | Highest compensated employee | ner | | | reialeu organizations |
| | , | | | | | ated | | | | |
| (1) David Sokal | 10.00 | | | | | | | | | |
| Board Chair | ļ. _ | х | | X | ļ | | | 0 | 0 | 0 |
| (2) Susan Sharpless | 1.00 | | | | | | | | | |
| Treasurer | ļ | Х | | X | <u> </u> | | | 0 | 0 | 0 |
| (3) Michael Rusnak | 3.00 | | | | | | | | | |
| Secretary | | х | | X | ļ | | | 0 | 0 | 0 |
| (4) Beverly Tucker | 4.00 | | | | | | | | | |
| Director | | X | | | | | | 0 | 0 | 0 |
| (5) Karen Blyth | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0_ | 0 | 0 |
| (6) Carolyn Jenkins | 1.00 | i I | | | | | | | | |
| Director | | X | - | | | | | 0 | 0 | 0 |
| (7) Gregory Kopf | 2.00 | | | | | | | | | |
| Director | | X | \dashv | | | | - | 0 | 0 | 0 |
| (8) Debbie O'Brien | 4.00 | | | | | | | | | |
| Director | | х | | | | | _ | 0 | 0 | 0 |
| (9) Gail King | 4.00 | 1 1 | | | | | | | | |
| Director | | х | | | | | | 0 | 0 | 0 |
| (10)Heather Vahdat | 40.00 | | l | x | | | | 140.000 | 0 | 7.040 |
| Executive Director | | | \dashv | A | | | | 140,000 | | 7,040 |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | - |
| (13) | | | | | | | | _ | | |
| (14) | | | | | | | | _ | | |
| | L | | | | | | | | | |

Form 990 (2019)

| Form 9 | | | e Contra | | | | | | | | | | | 112485 | 56 | Page 8 |
|-------------|--------------------|--|----------------|--------------------------------------|---|-----------------------------------|-----------------------|------------|--------------|------------------------------|--|--|-----------------|------------------|---|---------------------------|
| Part | VII | Section A. Officers | s, Directors, | Trustees | , Key Emplo | oyees, | and | | | t Com | pen | sated Employees | (continued) | | _ | |
| • | (A) Name and title | | | (B) Average hours per week (list any | Average box, unless person is both an hours officer and a director/trustee) from the per week | | | | | | Reportable compensation from the organization | (E) Reportable compensation from related organizations | s | Estimate of comp | (F) ed amount other ensation in the | |
| | | | | | hours for related organizations below dotted line) | Individuel trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/109 9- MISC) | (W-2/1099-MIS | C) | | ation and rganizations |
| <u>(15)</u> | | | | | | | | | | | | | | \top | - | |
| (16) | | | | | | | | | | | | | - | | | |
| (17) | | | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | \perp | | |
| (20) | | | | | | | | | | | | | | \perp | | |
| (21) | | | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | _ | · | |
| <u>'</u> ' | | | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | | | |
| 1b | Subto | | · · · · · · · | | | | • • | | | | · | | | | | • |
| c d | | rom continuation sh add lines 1b and 1c) | | • | ion A . | | • • | • • | • • | | | 140,000 | <u> </u> | 0 | | 7 040 |
| 2 | | umber of individuals (| | | | | | | | eived | more | 140,000 e than \$100,000 of | | <u> </u> | | 7,040 |
| | reporta | ble compensation fro | m the organiz | zation • | <u> </u> | | | | | | | | | | | 1 |
| _ | | | | | | | | | | | | | | г | Y | es No |
| 3 | | organization list any ree on line 1a? If "Yes | | • | | | • | • | _ | | | nsated • • • • • • • • • • | | - | | _ |
| 4 | | y individual listed on li | | | | | | | | | | | | `` | - | X |
| | | zation and related org | | | | | | | | | | | | | | |
| | | ual | | | | | | | | | | | | • • | 4 | x |
| 5 | | y person listed on line vices rendered to the | | | | | _ | | | _ | | | | _ | 5 - | |
| Section | | independent Co | _ | | complete Sc | nedule | 3 10 | 1 30 | - P | 6/30// | | • • • • • • • • | <u> </u> | <u></u> - | <u> </u> | Х |
| 1 | | ete this table for your | | | ited independ | dent co | ntra | ctors | s tha | t recei | ved | more than \$100,00 | 00 of | | | |
| | compe | nsation from the orga | nızatıon Rep | ort compe | ensation for t | the cal | enda | ır ye | ar ei | nding y | with 4 | or within the organ | zation's tax ye | ar | | |
| | | | Name and busin | | s | | | | | | | (B) Description of service | es | Ço | (C) mpensatio | on |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | | | | |
| | Tatel | umbas af inda d | t | (mat. d | . h 4 4 ! * | | | lı4 | .al - ' | | b : | <u></u> | | | | |
| 2 | | umber of independent d more than \$100,00 | | | | | ıose | iiste • | u at | ove)\ | w110 | | | | | |

Form 990 (2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1b Contributions, Giffs, Grants and Other Similar Amounts Fundraising events 1c 1,037 Related organizations 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1,911,538 Noncash contributions included in Total. Add lines 1a-1f 1,912,575 **Business Code** 2a Program services 900099 1,000 1,000 Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f 1,000 Investment income (including dividends, interest, and 896 896 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 1 b Less rental expenses . . c Rental income or (loss) d Net rental income or (loss) (i) Securities 7a Gross amount from sales of assets other than inventory
b Less cost or other basis 683 and sales expenses . . Other Revenue 632 c Gain or (loss) 51 d Net gain or (loss) 51 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9b **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . 110a **b** Less cost of goods sold 10Ы c Net income or (loss) from sales of inventory **Business Code** 11a Miscellaneous income 1,986 1,986 900099 d All other revenue e Total Add lines 11a-11d 1,986 12 Total revenue. See instructions · · · · · · · · ▶ 1,000 1,916,508 2,933

Form 990 (2019) Male Contraception Initiative 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)

| | not include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----|--|---|------------------------|-----------------------|--------------------|
| _ | 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 458,486 | 458,486 | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals See Part IV, line 22 | 288,614 | 288,614 | Marie . | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals See Part IV, lines 15 and 16 | 100,000 | 100,000 | | |
| 4 | Benefits paid to or for members | | | "U14# | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 147,040 | 124,984 | 14,704 | 7,352 |
| 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 [| 158,769 | 136,831 | 14,938 | 7,000 |
| 8 | Pension plan accruals and contributions (include | - · · · · · · · · · · · · · · · · · · · | · | | |
| | section 401(k) and 403(b) employer contributions) | 4,377 | 3,738 | 429 | 210 |
| 9 | Other employee benefits | 13,325 | 12,375 | 808 | 142 |
| 10 | Payroll taxes | 23,340 | 20,059 | 2,224 | 1,057 |
| 11 | Fees for services (nonemployees) | | • | | • |
| а | Management | | | | |
| ь | Legal | 1,676 | | 1,676 | |
| С | Accounting | 6,082 | | 6,082 | |
| d | Lobbying | , | | | |
| е | Professional fundraising services See Part IV, line 17 | 1 | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | - | | |
| • | (A) amount, list line 11g expenses on Schedule O) | 104,004 | 87,053 | 16,951 | |
| 12 | Advertising and promotion | 125 | 125 | 20/202 | |
| 13 | Office expenses | 7,894 | 2,984 | 4,910 | |
| 14 | Information technology | 2,176 | 108 | 2,068 | |
| 15 | Royalties | | | 2/333 | |
| 16 | Occupancy | 23,874 | 748 | 23,126 | |
| 17 | Travel | 62,244 | 53,999 | 8,245 | |
| 18 | Payments of travel or entertainment expenses | 02,244 | 33,333 | 8,243 | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 70 073 | 70.063 | 10 | |
| 20 | Interest | 79,073 | 79,063 | 10 | |
| 21 | Payments to affiliates | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | |
| 22 | Depreciation, depletion, and amortization | 0.050 | | 2 252 | |
| 23 | Insurance | 2,858 | | 2,858 | - |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | _ |
| а | Staff development | 8,369 | | 8,369 | |
| Ь | Bank fees | 738 | 200 | 538 | |
| С | Processing | 825 | 245 | 62 | 518 |
| d | Membership dues | 3,179 | 1,800 | 1,379 | |
| e | All other expenses | 4,381 | 1,090 | 1,341 | 1,950 |
| 25 | Total functional expenses. Add lines 1 through 24e · · · | 1,501,449 | 1,372,502 | 110,718 | 18,229 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

EEA

Form 990 (2019)

| | | Check if Schedule O contains a response or note to any line in this Part X | | | <u> </u> |
|-----------------------------|----------|--|--------------------|----------|------------------------|
| | | | (A) | | (B) |
| | | | Beginning of year | <u> </u> | End of year |
| | 1 | Cash - non-interest-bearing | 267,170 | 1 | 625,414 |
| | 2 | Savings and temporary cash investments | 702,288 | 2 | 759,018 |
| | 3 | Pledges and grants receivable, net | 1,000 | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | 36777 | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | : 4 | magenen je a |
| | " | · · · · · · · · · · · · · · · · · · · | | 6 | |
| | , | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net | | 7 | |
| ş | 7 | Notes and loans receivable, net | | 8 | |
| Assets | 8 | | | 9 | |
| ⋖ | 9 | 1 | | 9 | |
| | 10a | Land, buildings, and equipment cost or other | | | |
| | | basis Complete Part VI of Schedule D 10a | | 400 | |
| | b | Less accumulated depreciation | 10.000 | 10c | 10.000 |
| | 11 | Investments - publicly traded securities | 10,379 | 11 | 10,397 |
| | 12 | , | | _ | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 980,837 | 16 17 | 1,394,829 |
| | 1 | Accounts payable and accrued expenses | 1,067 | 18 | |
| | 18 | · · | | 19 | |
| | 19 | Tax-exempt bond habilities | | 20 | |
| | 20 | | | | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | į - · |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, | ٠٠ و | | ١. |
| Ē | | trustee, key employee, creator or founder, substantial contributor, or 35% | | 22 | |
| Ë | ۱ ,, | controlled entity or family member of any of these persons | | 23 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | <u>-</u> |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | ł |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 25 | |
| | 26 | of Schedule D | 1 067 | 26 | |
| | 26, | Organizations that follow FASB ASC 958, check here | 1,067 | 20 | 0 |
| un. | | and complete lines 27, 28, 32, and 33. | | | |
| 92 | 27 | Net assets without donor restrictions | 070 770 | 27 | 1 304 830 |
| <u>a</u> | 28 | Net assets with donor restrictions | 979,770 | 28 | 1,394,829 |
| ã | ~~ | Organizations that do not follow FASB ASC 958, check here | | 20 | |
| Ĕ | | and complete lines 29 through 33. | | | |
| ř | 20 | Capital stock or trust principal, or current funds | | 29 | |
| ls o | 29 30 | · · · · · · · · · · · · · · · · · · · | | 30 | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| ťΑ | 1 | Total net assets or fund balances | 070 750 | 32 | 1 204 600 |
| Ž | 32 33 | Total liabilities and net assets/fund balances | 979,770 980,837 | 33 | 1,394,829 1,394,829 |
| | , ,,, | Total napinges and tier assers/fully balances | 78U,83/ | | 1 1,394,829 |

| Form | 1990 (2019) Male Contraception Initiative | <u>47-1124</u> | 1856 | F | age 12 |
|------|---|----------------|----------|----------|-------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | <u> </u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | . 1 | | 1,916 | ,508 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | | 1,501 | ,449 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | . 3 | | 415 | ,059 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | . 4 | | 979 | ,770 |
| 5 | Net unrealized gains (losses) on investments | . 5 | | | |
| 6 | Donated services and use of facilities | . 6 | | | |
| 7 | Investment expenses | | | | |
| 8 | Prior period adjustments | . 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | . 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | . 10 | | 1,394 | ,829 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u>. 🔲 </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 🕱 Cash 🗌 Accrual 🗍 Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | 1 | 1 | |
| | Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 | 1 | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | _ | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 | , | x |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | ينه جاي | |
| | separate basis, consolidated basis, or both | | 1 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 7 | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | 1 | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 | : | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | <u> </u> | | |
| | Schedule O | | | r, 123 | |
| 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? | | 3 | <u> </u> | x |
| þ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 31 | , l | 1 |

Form 990 (2019)

EEA

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

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

Employer identification number

| MAI | <u>е с</u> | ontraception Initiative | | - | | | 47-112485 | 6 |
|-------|-------------------|--|------------------------|--|------------------------|---------------------|-------------------------------|----------------------------------|
| | rt I | Reason for Public Charit | y Status (All or | ganizations must co | omplete | this part | .) See instructions | |
| The | orgar | nization is not a private foundation beca | ause it is (For lines | 1 through 12, check only | one box) | | | |
| 1 | | A church, convention of churches, or | association of churc | ches described in section | 170(b)(1) | (A)(i) | \sim | |
| 2 | \Box | A school described in section 170(b) | (1)(A)(ii). (Attach Se | chedule E (Form 990 or 9 | 90-EZ)) | | $\wedge \nu$ | |
| 3 | $\overline{\Box}$ | A hospital or a cooperative hospital se | ervice organization | described in section 170 | (b)(1)(A)(i | i). | ()1 | |
| 4 | Ħ | A medical research organization oper- | - | | | • | (A)(iii) Enter the | |
| | _ | hospital's name, city, and state | · | , | | | . ,,,,,, | |
| 5 | П | An organization operated for the bene | fit of a college or u | niversity owned or operat | ed by a go | vernmenta | I unit described in | |
| _ | _ | section 170(b)(1)(A)(iv). (Complete F | - | | , - 5- | | | |
| 6 | П | A federal, state, or local government of | | t described in section 17 | '0(b)(1)(A) | (v) | | |
| 7 | | An organization that normally receives | _ | | | | the general nublic | |
| • | | described in section 170(b)(1)(A)(vi). | | | , initial interior | 21111 01 11011 | i the general public | |
| 8 | П | A community trust described in section | | | | | | |
| 9 | H | An agricultural research organization | | | od in conii | nction with | a land grant college | |
| 3 | ш | = = | | | - | | | |
| | | or university or a non-land-grant college | ge or agriculture (se | se insudctions) Enter the | maine, cit | r, and State | or the conege of | |
| • • | П | An executation that assembly recover | . (1) mare than 22 | 1/20/ of to support from | contobutio | as mamba | verbus food, and grace | |
| 10 | ш | An organization that normally receives | , , | • • | | • | , , , | |
| | | receipts from activities related to its ex | - | • | | | | |
| | | support from gross investment income | | • | | • | om businesses | |
| | | acquired by the organization after Jun | | | | | | |
| 11 | H | An organization organized and operat | | | | | anno and the arrange | |
| 12 | П | An organization organized and operat | | | | | | |
| | | of one or more publicly supported orga | | | | | , , , , | _ |
| | _ | Check the box in lines 12a through 12 | | | | • | | g |
| | а | Type I. A supporting organization | | | | - | | |
| | | the supported organization(s) the | | | y or the air | ectors or tr | ustees of the | |
| | | supporting organization You mus | • | · | | | | |
| | þ | Type II. A supporting organization | • | | | _ | | |
| | | control or management of the sup | | | sons that c | ontrol or m | nanage the supported | |
| | | organization(s) You must compl | • | | | | | |
| | С | ☐ Type III functionally integrated | | | | | | |
| | | its supported organization(s) (see | | | | • | | |
| | d | Type III non-functionally integra | ited A supporting of | organization operated in c | onnection | with its sur | pported organization(s) | |
| | | that is not functionally integrated | - | - | | | t and an attentiveness | |
| | | requirement (see instructions) You | u must complete | Part IV, Sections A and | D, and Pa | rt V. | | |
| | е | Check this box if the organization | received a written of | determination from the IR | S that it is | a Type I, T | ype II, Type III | |
| | | functionally integrated, or Type III | non-functionally int | egrated supporting organ | ization | | | |
| | f | Enter the number of supported organic | | • • • • • • • • • • • • | • • • • • | • • • • • | • • • • • • • • • • | • • • • |
| | g | Provide the following information about | it the supported org | anization(s) | T | | T | T |
| | (i) | Name of supported organization | (ii) EIN | (III) Type of organization | (iv) is the o | | (v) Amount of monetary | (vi) Amount of |
| | | | | (described on lines 1-10 above (see instructions)) | listed in you docum | r governing ent? | support (see instructions) | other support (see instructions) |
| | | | | | | ·-··· | ,, | |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| | | | | | | | | |
| B) | | | | | | | | |
| υ, | | | | | | | | |
| CI | | | | | | | | |
| (C) | | | | | | | | |
| D) | | | | | | | | |
| D) | | | | | | | | |
| E) | | | | | | | | |
| | _ | | | | | | | |
| Tota! | | | | | l | | | |

Page 2 Schedule A (Form 990 or 990-EZ) 2019 Male Contraception Initiative 47-1124856 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iy) and 170(b)(1)(A)(yi) (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) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 408,288 1,955,641 132,430 63,383 1,912,575 4,472,317 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 132,430 63,383 408,288 1,955,641 1,912,575 4,472,317 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)

6 Public support. Subtract line 5 from line 4 4,472,317 Section B. Total Support (c) 2017 (e) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (d) 2018 (f) Total

| - 1 | Amounts from line 4 · · · · · · · · · · · | 132,430 | 63,383 | 408,288 | 1,955,641 | 1,912,575 | 4,472,317 |
|-----|--|---------|--------|---------|-----------|-----------|-----------|
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from | | | | | | |
| | similar sources | | | 2 | | 896 | 898 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | | | | | | |
| | is regularly carried on | | | | | İ | |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | 1,986 | 1,986 |
| 11 | Total support. Add lines 7 through 10 · · | | | | | | 4,475,201 |
| | | | | | | | |

2,386 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 | | |
|---|------|--|
| Section C. Computation of Public Support Percentage | | |
| 14 D till | | |

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 99.94 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this

b 33 1/3% support test - 2018. 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. 17a 10%-facts-and-circumstances test - 2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see П

Π

Schedule A (Form 990 or 990-EZ) 2019 Male Contraception Initiative

[Parti III] Support Schedule for Organizations Described in Section 509(a)(2)

| (Complete only | λ if vou checked the box or | n line 10 of Part I or if the organization failed to qualify up | øder Part II. |
|------------------|-------------------------------------|---|---------------|
| · · · · · · | \ - | | ,, |
| If the organizat | tion fails to qualify under th | ne tests listed below, please complete Part II.) | |

| | If the organization fails to qualify | under the te | ests listed beli | ow, please co | omplete Part l | II.) | |
|-----|--|-------------------|--|-------------------|------------------|------------------|---------------------------------------|
| | ction A. Public Support \ | | | | | | - |
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2Ø19 | (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 | | | 1 | / | | |
| | or expended on its behalf | | | / | 1 | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | <i>\</i> | | | | | |
| _ | organization without charge | | \ | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | ļ |
| 7a | Amounts included on lines 1, 2, and 3 | | \ | / | | | |
| | received from disqualified persons | | | <u> </u> | | | |
| D | Amounts included on lines 2 and 3 | | | | ļ | | |
| | received from other than disqualified | | | | İ | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | / \ | | | | |
| _ | Add lines 7a and 7b | | | ` | | | <u> </u> |
| 8 | Public support. (Subtract line 7c from | | | | | | - |
| J | line 6.) | | // | | i | | |
| Sec | ction B. Total Support | | / | | <u> </u> | | <u> </u> |
| | endar year (or fiscal year beginning in) ▶ | (a) 2015/ | (b) 2016 | (c) 2017, | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | | , , , , , , , , , , , , , , , , , , , | 13/ | <u> </u> | (0) = 0.10 | (4) |
| | 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 / | | | | | | |
| С | 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 | | | | | <u> </u> | |
| 12 | Other income Do not include gain/or | | | | | | |
| | loss from the sale of capital assets | | | | | | • |
| 42 | (Explain in Part VI) | | | | | $\overline{}$ | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 14 | First five years. If the Form 990 is for the org | ropization's fire | t cocond thus | t fourth or fift | h toy year oo o | postion 501(a) | (2) |
| 14 | organization, check this box and stop here | | | | - | V | (3) · · · · · ▶ □ |
| Sec | ction C. Computation/of Public Suppor | | | | | / | · · · · · · · · · · · · · · · · · · · |
| | Public support percentage for 2019 (line 8, co | | | column (ft) | | 15 | \ % |
| | Public support percentage from 2018 Schedu | | • | | | 16 | / % |
| | tion D. Computation of Investment Inc | | | | | 1 1 | \ |
| | Investment income percentage for 2019 (line | | | ne 13, column | (f)) · · · · · · | 17 | \ % |
| | Investment income percentage from 2018 Sc | | | | | 18 | - \ % |
| | 33 1/3% support/tests - 2019. If the organiza | | | | | | |
| | 17 is not more than 33 1/3%, check this box | | | | | | |
| b | 33 1/3% support tests - 2018. If the organiza | | | | | | |
| | line 18 is not more than 33 1/3%, check this t | oox and stop h | nere. The organ | nization qualifie | es as a publicly | supported org | anization 🕨 🛴 |
| 20 | Private foundation. If the organization did no | ot check a box | on line 14, 19a | a, or 19b, chec | k this box and s | see instructions | <u>\$ ē</u> |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | Yes | No |
|--------------------|----------|------------|
| | ,** | |
| 1 | <u> </u> | |
| 2 | 7.77.83 | 3.1 |
| , S ₂ * | 1 × × | |
| 2 | | |
| 3a | | |
| | | |
| | | |
| 3b | | <u> </u> |
| 3c | | |
| | | |
| 4a | | |
| | | |
| 4b | | |
| | | |
| | | |
| 4c | | W. Francis |
| 4c | 12 mm | |
| 46 | | |
| , , | | |
| | | 71: |
| | | ٠. ا |
| 5b 5c | | |
| 50 | | |
| | | l |
| | | |
| 6 | | |
| | | 1 |
| 7 | | |
| - | | |
| 8 | | <u> </u> |
| | | - 1 |
| 9a | | |
| 9b | | |
| 90 | | |
| 9c | | |
| | | |
| 10a | | |
| 100 | -+ | |
| 10b | | |

| Section E. | Type III | Functionally | Integrated S | upporting | Organizations |
|------------|----------|--------------|--------------|-----------|---------------|

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test Complete line 2 below **b** The organization is the parent of each of its supported organizations. Complete line 3 below c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)
- Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

| | | 162 | 20 |
|---|---------|--------|--------|
| | | | |
| | 2a | | |
| | 2b | | |
| | 3a | | |
| | 3b | | |
| п | n 990 a | 990_F7 | 1 2019 |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | | | |
|--|-------------|---|--------------------|
| 1 . Check here if the organization satisfied the Integral Part Test as a qualifying | trust or | Nov 20, 1970 (explai | n in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organization | ations | must complete Section | s A through E |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year |
| Section A - Adjusted Net income | ľ | (A) Phor real | (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recovenes of prior-year distributions | 2 | | |
| Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | \top | | |
| collection of gross income or for management, conservation, or | 11 | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Pnor Year | (B) Current Year |
| Aggregate fair market value of all non-exempt-use assets (see | ┯┸ | | (optional) |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | · · · · · · · · · · · · · · · · · · | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | + - | · | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | - |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 035 | 6 | | |
| 7 Recovenes of pnor-year distributions | 7 | | <u> </u> |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | 2 1 4 2. 12 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | ** | |
| 4 Enter greater of line 2 or line 3 | 4 | *** | |
| 5 Income tax imposed in prior year | 5 | - (4) (金) | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | ····· | - |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally | integra | ted Type III supporting | organization (see |
| instructions) | • | | - , |

| Pai | TV Type III Non-Functionally Integrated 509(a)(3 | s) Supporting Organiz | tations (continued) | |
|-------------|--|-----------------------------|--|---|
| Sec | tion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | npt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemple | purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizati | ons | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | e organization is respons | ive | |
| | (provide details in Part VI) See instructions | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | - | (:) | /:::\ |
| S | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| | Excess distributions carryover, if any, to 2019 | ļ | | |
| - | From 2014 | | | |
| | From 2015 | | | . 41 Miles |
| | From 2016 | | • | |
| | From 2017 | | Se let 100 | |
| | From 2018 | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | |
| | Total of lines 3a through e Applied to underdistributions of prior years | | *************************************** | |
| | Applied to 2019 distributable amount | | | |
| | Carryover from 2014 not applied (see instructions) | | | |
| ÷ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | - 170 E 200 E 4 |
| • | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | <u> </u> | | |
| | Applied to 2019 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | <u> </u> | | |
| | Remaining underdistributions for years prior to 2019, if | | | |
| | any Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI See instructions | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | 1 |
| | and 4c | | | |
| | Breakdown of line 7 | | <u> </u> | |
| | Excess from 2015 · · · · | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 · · · · | | | |
| _ | Excess from 2019 | 1 | | 1 |

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

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

Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

Male Contraception Initiative 47-1124856 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b 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? For grantmakers Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (e) If activity listed in (d) is (a) Region (b) Number (d) Activities conducted in the (f) Total of offices in region (by type) (such as, expenditures for . employees, a program service, fundraising, program services, investments, grants to recipients describe specific type of the region agents, and and investments independent service(s) in the region m the region contractors located in the region) in the reason East Asia and the (1)Pacific Grant making 50,000 (2) South America Grant making 50,000 (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13)(14)(15)(16) (17)100,000 Total from continuation sheets to Part I Totals (add lines 3a and 3b) 100,000

Male Contraception Initiative

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2019
Part II Grants

Page 2

47-1124856

| | | | arent | cash grant | Cash Cash | noncash | of noncesh | valuation |
|---|---|---|------------------------|------------------------|--------------|------------|------------|----------------------------------|
| | (if applicable) | | , p | n i | disbursement | assistance | assistance | (book, FMV, appraisal, other) |
| • | | East Asia and the | 40.000 | 000 | 2,402,400 | | | |
| 6 | | 7 | | | 21112122 | | | |
| (2) | | South America | Research | 50 , 000 | electronic | | | |
| <u></u> | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | : | |
| (9) | | | | | | | | |
| (2) | | | | | | | | |
| (8) | | | | | | | | |
| (6) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |
| Enter total number of reaps by the IRS, or for which the | ient organizations listed about an entre de de de de de de de de de de de de de | Enter total number of reopient organizations listed above that are recognized as charities by the foreign country, recognized as lax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | s by the foreign count | y, recognized as tax-e | xempt | • | | |
| 3 Enter total number of other organizations or entities | organizations or entities | | | • | | | | |

Schodule F (Form 990) 2019 Male Contraception Initiative Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2019 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant ٧. (c) Number of redpients Male Contraception Initiative (b) Region (a) Type of grant or assistance (10 (14) (15) (18) (11) (12) (13) (16) (17) € ල **€** (9) 9 8 6 0 3

| Par | | 1124856 | Page |
|-----|---|-------------|-------------|
| 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 | k No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) | ··· 🗍 Yes | . ⊠ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | ··· 🗎 Yes | . IX 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 | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990) | · · · 📗 Yes | X No |

Part V | Supplemental Information

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. See instructions.

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545-0047

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

Openito Public Inspection 2019

| Male Contraception Initiative | Side of the contract of | | | | | 47-1124856 | |
|--|----------------------------|---------------------------------|-----------------------------|--|---|---------------------------------------|---------------------------------------|
| | Cidinis and Assis | rance | | | | | |
| 1 Does the organization maintain records to substantiate the amount | o substantiate the amou | nt of the grants or assista | ince, the grantees' elig | of the grants or assistance, the grantees' eligibility for the grants or assistance, and | isistance, and | | |
| the selection criteria used to award the grants or assistance? | ants or assistance? | | | | | | · EX Yes No |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | cedures for monitoring t | he use of grant funds in th | he United States | | | | |
| Part III] Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, | ice to Domestic Org | yanizations and Dom | estic Government | s. Complete if the org | janization answered " | Yes" on Form 990, | |
| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | nent that received mo | ore than \$5,000 Part I | can be duplicated | if additional space is | needed | | |
| 1 (a) Name and address of organization or government | (p) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) UNIVERSITY OF MINNESOTA | | | | | (initial) | | Research |
| 308 SE HARVARD ST | | | | | | | Advancement |
| Minneapolis, MN 55455 | 41-6007513 | 501c3 | 20,000 | | | | Early Stage |
| (2) UNIVERSITY OF NEVADA RENO | | | | | | | Research |
| 1664 N VIRGINIA ST | | | | | | | Advancement |
| Reno, NV 89557 | 88-0387186 | 501c3 | 50,000 | | | | Early Stage |
| (3) CONTRALINE | | | | | | | Research |
| 1216 HARRIS STREET | | | | | | | Advancement |
| Charlottesville, VA 22903 | 81-5416830 | | 100,000 | | į | | Early Stage |
| (4) Revolution Contraceptives, | | | | | | | Research |
| # | | | | | | | Advancement |
| San Francisco, CA 94114 | 90-1019349 | | 100,000 | į | | | Early Stage |
| (5) Eppin Pharma, Inc | | | , , | | | | Research |
| | | | | | | | Advancement |
| Chapel Hill, NC 27514 | 46-4839176 | | 100,000 | | | | Early Stage |
| (9) | | | | | | | |
| í | | | | | | | |
| 6 | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | | | | |
| | | | | | | | |
| | nd government organiza | itions listed in the line 1 ta | ble | | | ▲ | 2 |
| 3 Enter total number of other organizations listed in the line 1 table | listed in the line 1 table | | | | | A | 5 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. EEA | e Instructions for Forn | . 990. | | | | S | Schedule I (Form 990) (2019) |

Schedule (Form 990) (2019) Male Contraception Initiative
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

| rait ill carl be duplicated il additional space is i | space is needed | | | | |
|--|--------------------|-------------------------|-----------------------|--|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of | (c) Amount of | (d) Amount of | (e) Method of valuation (book, | (f) Description of noncash assistance |
| | recipients | cash grant | noncash assistance | FMV, appraisal, other) | |
| Liliya Gabalev, University of | | | | | |
| 1 California, Berkeley Fellowship | 1 | 20,000 | | | |
| Aaron Crapster, Stanford University | | | | | |
| 2 Fellowship | 1 | 20 , 000 | | | |
| Jae Yeon Hwang, Yale University | | | | | |
| 3 Fellowship | - | 20,000 | | | |
| Max Lyon, University of Washington, | | | | | |
| 4 St. Louis Fellowship | г | 20 , 000 | | | |
| Melanie Balbach, Weill Cornell | | | | | |
| 5 College of Medicine Fellowship | г | 20,000 | | | |
| Kathryn Carpenter, UNC-Chapel Hill | : | | | | |
| 6 Fellowship | 1 | 4 ,000 | | | |
| | | | | | |
| 7 | | | | | |
| Part IV Supplemental Information. Provide the inform | the information re | equired in Part I, line | e 2; Part III, column | lation required in Part I, line 2; Part III, column (b); and any other additional information. | tional information. |

5 I, line (Part 01. Monitoring procedures

Procedures for monitoring the use of grant funds include the provision of progress reports, telephone or in-person progress

meetings, and implementation of milestone-based payment schedules.

Progress reporting schedules may be monthly, quarterly or annually, depending on the specific nature of the project being

funded. Telephone or in-person meetings are also requested to align with the progress reporting schedule. All grantees are

the required to submit annual progress reports as well as a final report summarizing achievements throughout the course of

grant period.

Payment schedules for grantees may be tied to specific reporting milestones or to technical milestones, depending upon the

47-1124856 Schedule I (Form 990) (2019) Male Contraception Initiative

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients nature of the research project being funded. (a) Type of grant or assistance Part IV 1 2 က 9

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

| Male Contraception Initiative | 47-1124856 |
|--|---------------------------------------|
| 01. Form 990 governing body review (Part VI, line 11) | |
| THE EXECUTIVE DIRECTOR REVIEWED THE 990 IN DETAIL. AFTER REVISIONS WERE MADE | E, THE 990 WAS |
| SHARED WITH THE FULL BOARD OF DIRECTORS AND A TELECONFERENCE WITH MALE CONTE | RACEPTIVE |
| INITIATIVE'S ACCOUNTANT WAS HELD TO WALK THROUGH THE 990 AND ANSWER ANY QUES | STIONS. THE |
| VIDEOCONFERENCE WAS RECORDED TO ALLOW ANY BOARD MEMBERS WHO WERE UNABLE TO A | ATTEND TO |
| REVIEW THE MEETING IF THEY WISHED. | |
| | |
| 02. Governing documents, etc, available to public (Part VI, line 19) | |
| GOVERNING DOCUMENTS ARE AVAILABLE ON MCI'S WEBSITE: HTTPS://WWW.MALECONTRACE | EPTIVE.ORG, OR |
| UPON REQUEST (ADMIN@MALECONTRACEPTIVE.ORG). | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |