

The Alan Guttmacher Institute 2003 Annual Report



MISSION

VALUES

The Alan Guttmacher Institute advances sexual and reproductive health and rights in the United States and worldwide through an interrelated program of social science research, policy analysis and public education to encourage enlightened public debate, promote sound policy and program development, and inform individual decision-making.

The Institute's program is guided by six overarching institutional values:

- Attention to methodological rigor and accuracy as fundamental to the integrity and credibility of the Institute's research;
- Commitment to publish and disseminate results of the Institute's research regardless of the political or program ramifications and to evidence-based public education and advocacy;
- Openness to multiple perspectives of outside experts to enrich the Institute's program and enhance its understanding of the issues;
- Anticipation and study of emerging issues to equip the Institute to inform public debate when such issues gain prominence;
- Balance between new and continuing priorities to ensure that the Institute is both on the cutting edge of scholarly and political thought and fully committed to core issues of ongoing importance; and
- Collaboration with others to expand the reach and sustainability of the Institute's efforts.

GUIDING PRINCIPLES

A Vision for the Future

The Institute envisions a world in which all women and men have the ability to exercise their rights and responsibilities—freely and with dignity—regarding sexual behavior, reproduction and family formation. Essential to this vision are public- and private-sector health and social policies that support personal decisions about whether and when to have a child as well as parenthood and parenting. So, too, is eradication of persistent gender inequality throughout the world and the attainment of equal status, rights and responsibilities for women within sexual, familial and social relationships, and in all aspects of public life.

An Integrated View of Sexual and Reproductive Health and Rights

The Institute regards sexual and reproductive health, and sexual and reproductive rights, as closely related and inherently interdependent: Sexual health is integral to reproductive health; sexual and reproductive rights are fundamental to the achievement of sexual and reproductive health. Therefore, recognizing that women and men from adolescence onward have a range of interrelated needs over the course of their lives, the Institute works to protect, expand and equalize access to information and services. The aims of its activities are to enable all people to:

- Avoid unplanned pregnancies;
- Prevent and treat sexually transmitted infections, including HIV;
- Exercise the right to choose abortion;
- Achieve healthy pregnancies and births;
- Balance parenting with other roles; and
- Have healthy, satisfying sexual relationships.

Priority Attention to Those with Greatest Need

The Institute promotes the sexual and reproductive health and rights of all people, but gives priority attention to addressing the needs and concerns of those whose access to information, services or other societal benefits may be impeded by their age, marital status, geography or income, or by virtue of gender, racial, ethnic, religious or cultural discrimination.

A Responsibility to the United States and the World

As a U.S. organization, the Institute is acutely aware of the pressing need, and undertakes as its first responsibility, to improve the quality of policies and programs concerning sexual and reproductive health and rights in the United States. Understanding further that the political, cultural and financial power of the United States can have considerable impact on sexual and reproductive health and rights throughout the world, the Institute places a similarly high priority on monitoring and analysis of U.S. policy as it affects women and men in other countries. In its international efforts, mindful of the underlying commonalities across and within countries under which sexuality is expressed, families or unions are formed, and children are conceived and born, the Institute emphasizes the development and dissemination of thematic comparative analyses that are global or regional in scope and on country-specific work that will have the greatest relevance in other parts of the world.

BUSH PRESIDENT'S LETTER BACK

Dear Friends,

The national elections in 1980 swept into power the first wave of a new brand of ideological conservatives. They included men like Senator Jeremiah Denton (R-AL), who characterized promiscuity and inflation as the two most important problems facing the United States, adding that the two were “strongly related.” Denton and other ideologues who helped populate the newly Republican-controlled Senate and White House believed sexual promiscuity was at the root of everything that was wrong with America—hence the need to eliminate those family planning programs and organizations that promoted a “contraceptive mentality.”

For the next 12 years, reproductive health supporters fought hard to preserve federal funding for subsidized family planning services at home and population assistance programs abroad. Funding for family planning stagnated, and government funds went instead to natural family planning services and the religious organizations that supported them. However, the level of diverted funding was modest compared with the continued federal support for Title X family planning programs and international population assistance. A frontal assault on the constitutional right to abortion was mounted, but beaten back. On the whole, we won more battles than we lost.

Having lived through those years, it is a considerable shock to return to the world of nonprofit advocacy after 10 years in the private sector. The threat in 2004 is nothing like it was in 1984. We survived the first far-right onslaught in part because Reagan-era ideological conservatives were not very adept at governing—at least in the early years. Today, however, we face a highly sophisticated and determined opposition that is firmly in control of the levers of government.

Conservative initiatives in this new era are not merely a renewed attack on abortion rights. They represent a wholesale attack on human sexuality—a sexual counterrevolution. More than that, they represent an attack on the role of science in public policy-making and on the principle of secular government. To quote a recent commentary in the *American Journal of Public Health*: “In promoting an ideologically driven approach to sexual and reproductive health... recent policy developments threaten to subvert ethical standards of medical care and the principle of evidence-based policy.”

The goal of today’s conservative ideologues is no longer simply to deny government funds to Planned Parenthood and other organizations whose positions are at odds with the new orthodoxy. It is to put permanently in place new federal funding streams that support a broad-ranging, far-right social agenda. Massive new programs that promote abstinence as the only sanctioned solution to teenage pregnancy and the HIV/AIDS pandemic, and tout marriage as the answer to poverty and welfare dependency, are only the most obvious examples. While there is no reason to believe that such programs will work, there is every reason to believe that they will enrich the religious right and make it an ever more powerful force in American politics.

The diversion of federal resources to untested programs and inexperienced organizations threatens to reverse nearly four decades of government investment in sound sexual and reproductive health care. Domestically, if President Bush has his way, funding for abstinence-only programs will draw even with funding for Title X family planning programs. Much of the money will go to organizations such as Youth for Christ and antiabortion crisis pregnancy centers. It will

pay for programs to teach young people that condoms are unreliable, and that abortion has long-term mental and physical consequences. Federally funded family planning clinics face a string of new conservative mandates that promise to weaken contraceptive services and discourage access by teens: abstinence-only education, marriage promotion, adoption counseling, statutory rape reporting and parental involvement requirements. The far right is making good use of Internet search engines and other new technologies to ferret out nonprofit federal grantees involved in activities that threaten the conservative agenda, such as condom distribution for commercial sex workers.

Internationally, right-wing initiatives have precipitated a U.S. pullout from almost every multilateral reproductive health program and have imposed a growing list of onerous conditions on continued U.S. bilateral support. The U.S. government, once a leader in international family planning assistance, now stands virtually alone in opposition to the consensus Programme of Action adopted at the 1994 International Conference on Population and Development.

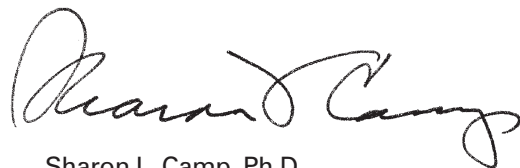
Fortunately, the progressive community is beginning to fight back. AGI is at the heart of the struggle, and its reputation for unimpeachable data and analysis, acknowledged even by many of our opponents, is more critical now than at any time in our history. As we have done for over three decades, we will continue to lay the scientific groundwork for every new battle over abortion rights, every effort to preserve federal and state funding for subsidized contraceptive services and every campaign for comprehensive sex education. We will also counter every assault on sexual and reproductive health in developing countries by the U.S. government and its ultra-conservative

allies. Because most Americans distrust ideologues and value evidence-based public policy, we will win the fight!

Over the past year, AGI documented the impact of increasingly effective contraceptive use on declining rates of abortion, as well as the growing disparity in access to abortion services and the tragic consequences of unsafe abortion overseas. We debunked the idea that abstinence was the main cause of declining teen pregnancy in the United States or of declining HIV/AIDS transmission in Uganda. We built a new national database on unmet need for family planning by county and state, and tracked the increase in Medicaid support for contraceptive services. We reconnected investments in sexual and reproductive health to global development goals like gender equity, child survival, higher educational attainment and improved economic productivity. And we laid the groundwork for new, evidence-based policies to protect the next generation against unintended pregnancy and sexually transmitted infections.

I am proud to lead this venerable institution and will do everything in my power to ensure that AGI remains a leader in the global fight for sexual and reproductive health and rights. We hope our colleagues and supporters will take heart from this report of our activities in 2003.

Cordially yours,



Sharon L. Camp, Ph.D.
President & CEO

2003 REPORT OF ACTIVITIES

In this most difficult of political climates, AGI's unique brand of policy research and evidence-based advocacy is more critical than ever to the battle for abortion rights, access to a broad choice of safe and effective contraception, and universal comprehensive sex education. Over the past year, we have helped empower colleagues working at the state, national and international levels by making AGI policy research more accessible and transferring the communications and policy skills needed for evidence-based advocacy.

AGI data and analysis are helping to:

- refocus public discussion about abortion to allow abortion rights advocates to reclaim the public policy agenda;
- highlight continued inequities in access to contraception;
- link the need for major investments in sexual and reproductive health to global development goals; and
- counter the mounting attack on comprehensive, medically accurate sex education in the United States and worldwide.

The Battle Over Abortion Rights

Advocates for abortion rights lost considerable ground in 2003. At the national level, the ban on "partial-birth" abortion represents the first successful attempt to outlaw a specific abortion procedure. At the state level, legislatures passed dozens of new restrictions on abortion. Thirty-three states now have parental consent or notification requirements for minors seeking abortion; 21 states have mandatory waiting periods and state-directed counseling; and four states limit private insurance coverage for abortion.

Internationally, the global gag rule on abortion counseling, provision and advocacy has meant the annual loss of \$15 million in planned grants and

commodities for the International Planned Parenthood Federation (IPPF). Despite the recommendations of his own State Department, President Bush again used the issue of coercive abortion in China to withhold \$34 million from the United Nations Population Fund (UNFPA), thereby denying U.S. support for family planning, safe motherhood and child survival programs in 140 developing countries. IPPF and UNFPA are the two most important organizations working internationally in reproductive health, and the continued absence of the United States from both organizations takes this country—once the undisputed leader in this sector—out of the leadership ranks of world population and family planning efforts.

AGI data and analyses are more critical than ever to the preservation of abortion rights at home and expanded access to safe abortion abroad. AGI's experience with abortion data represents one of the Institute's core competencies. At the national and state levels, AGI surveys of women obtaining abortions and abortion providers are the most important sources of current data on abortion trends. AGI and its colleagues are using these data to refocus the policy debate.

Findings from AGI's 2000–2001 national survey of abortion providers were published in January 2003, on the 30th anniversary of the *Roe v. Wade* decision, in a special issue of *Perspectives on Sexual and Reproductive Health*. The findings were supplemented by slide presentations showing 30-year trends in abortion for the United States and all 50 states. The survey documents the continuing decline in abortion rates, partly as a result of more effective contraceptive use. Along with AGI's survey of women having abortions, it also shows a continuing decline in the number of

abortion providers, growing obstacles to access and continued high rates of unintended pregnancy and abortion among low-income women. The results of AGI's survey of women having abortions also played a key role in the 2003 effort to take emergency contraception off prescription.

AGI is now fielding a new study of more than 1,200 women obtaining abortions, looking in depth at the reasons women have abortions and how access to safe abortion affects their health and life choices. These findings will build upon existing survey data to give AGI the scientific resources needed to help refocus the public debate over abortion on important new trends, including the fact that abortions are occurring earlier in pregnancy. However, despite the availability of medical abortion and other advances in technology, we suspect that lack of public funding for abortion services, parental consent requirements and other logistical barriers cause some abortions to occur much later than they otherwise would. Abortions that occur later in pregnancy are less safe and also more controversial—a fact that the antiabortion lobby has used to good effect in its effort to keep the public debate focused on “partial-birth” abortion. It is time to change the subject!

To support domestic policy work at the state level, AGI launched a new State Center on its Web site that makes state-oriented research and policy resources searchable by state or topic. The Institute also held briefings for state-level advocates and updated monthly a new *State Policies in Brief* series, covering abortion restrictions and a range of other sexual and reproductive health issues. The *State Policies in Brief* series was revised and reformatted at the end of 2003 to provide more detailed information about each area of state policy. No other organization provides as

frequent updates on as wide a range of sexual and reproductive health issues for policymakers, media and advocates at the state level.

Our contributions last year also included a new survey of state vital statistics agencies and compilation of a State Pregnancy Reporting notebook containing all state laws and policies related to official reporting on abortion. Accurate and complete reporting of abortion, including early medical abortion, is essential for accurate calculations of unintended pregnancy rates and accurate tracking of U.S. abortion trends.

Keeping the Spotlight on Unsafe Abortion Overseas

On the international level, AGI is currently one of the few major U.S. organizations with a significant program of research on abortion. Through this research, which tracks abortion in countries where it is illegal but prevalent, as well as in countries in which it is legal but not always safe and accessible, AGI helps keep the subject of unsafe abortion on the international policy agenda.

In 2003, AGI and partners in Guatemala, the Philippines, Nigeria and Uganda fielded large-scale national surveys that will document the number and prevalence of unintended pregnancies and unsafe abortions, the conditions under which women have abortions and the reasons they have them. In Nigeria, the work includes a survey of women hospitalized after unsafe abortion, and in Guatemala and Uganda, it includes community-level qualitative and exploratory studies on abortion-related morbidity. In Uganda, we are also documenting the pregnancy intentions of women living with HIV/AIDS. In field visits to research projects overseas, AGI works regularly with local stakeholders on ways to make sure the results of such research reach national policymakers

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and opinion leaders at both the country and regional levels.

Affirming the Need for Contraceptive Services

A combination of factors has contributed to the increasing marginalization of family planning services at the federal and state levels and in U.S. international development assistance programs. Among them are mounting government budgetary pressures, a much greater sense of urgency about HIV/AIDS (along with a new thrust toward antiretroviral treatment programs), the growing emphasis on abstinence and marriage (and marital fidelity) as the government's main responses to both unintended pregnancy and HIV/AIDS, and the perception that the problem of rapid world population growth has been solved.

In 2003, AGI gathered and analyzed data on the policies and programs of the nation's 3,000 family planning agencies (representing 7,000 clinics), levels and sources of funding for subsidized family planning services, coverage of contraceptive methods by health insurance plans, and patterns of contraceptive use by women. AGI also updated its periodic U.S. assessment of contraceptive needs and services and published new estimates on the AGI Web site of the number of women in each state and county needing subsidized contraceptive services. Further, a survey of 200 nationally representative health insurance plans was designed to assess changes in private-sector coverage of contraception since AGI's groundbreaking 1993 study.

AGI policy staff also assembled data on the family planning needs of married women showing significant rates of unintended pregnancy and abortion, as well as risk factors for sexually transmitted infections (STIs). The presentation helps counter the emphasis on

abstinence and marriage promotion as the principal solutions to sexual and reproductive health problems.

AGI policy staff also worked to estimate total federal and state spending on contraception, sterilization and abortion services, using a survey of state health, social services and Medicaid agencies and other Title X grantees. This survey informs AGI's widely quoted cost-benefit analysis of publicly funded family planning services and provides the only available data on public funding of abortion services for low-income women. An article analyzing the major findings will be submitted to *Perspectives on Sexual and Reproductive Health* in 2004.

With the Kaiser Commission on Medicaid and the Uninsured, AGI produced an issue brief, to be published in 2004, highlighting the growing importance of Medicaid funding for contraceptive services. The report will include expenditure data from AGI's survey of state Medicaid agencies, discuss issues raised by Medicaid managed care and examine the positive contribution of state Medicaid waiver programs, such as the Family PACT program in California, in expanding eligibility for family planning among low-income women.

With the Reproductive Health Technologies Project, AGI organized a large brainstorming session in October 2003 on the reasons for contraceptive failure and nonuse and the ways in which correct and consistent use of contraceptives could be made easier. A slide presentation on contraceptive use was prepared for the meeting and will be posted on AGI's Web site in early 2004. AGI's new national survey on the difficulties women have using contraceptive methods effectively will provide another look at these questions.

All these efforts should get a big boost from a mass of new government-generated data over the next

several years. In mid-2004, AGI hopes to begin extensive analyses of the latest National Survey of Family Growth (NSFG)—the first comprehensive new data since 1995 on a wide range of sexual and reproductive health topics, including unintended pregnancy, contraceptive prevalence by method, failure rates, STI risk factors and adolescent sexuality. For the first time, the NSFG will include information from men and information on emergency contraception. Although additional funding will be needed to do all the analyses AGI thinks important, the NSFG's unique store of new information will allow AGI to look in depth at key policy issues, such as the relative roles of contraception and abstinence in declines in adolescent pregnancy, inequities in access to family planning services and the differences between men and women in their perceptions of STI risk factors.

Linking Sexual and Reproductive Health to Global Development Goals

AGI also worked hard at the international level to counter the growing marginalization of family planning overseas. In 2003, AGI researched and wrote our newest monograph, *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*. This report was produced in partnership with UNFPA and was jointly released in London on February 3, 2004. It makes a strong case for the medical, social and economic returns on greater investments in sexual and reproductive health, and links such investments directly to the achievement of the United Nation's Millennium Development Goals—goals that increasingly determine the allocation of development assistance funds.

The report takes donor nations to task for falling well short of the commitments they made at the 1994 International Conference on Population and Develop-

ment in Cairo and makes clear what is at stake with the loss of U.S. leadership for population and family planning internationally, including the U.S. withdrawal of funding from UNFPA and IPPF. A congressional briefing on the report was held in March 2004. Global communications and outreach strategies for this and other major international reports were coordinated by a new full-time staff member.

In 2003, AGI policy staff provided expert input for Population Action International's assessment of the global gag rule, entitled *Access Denied*, helping with conceptualization, draft review and messaging for the report, as well as analysis of the potential impact of the global gag rule on funding for the new global AIDS initiative. AGI policy staff played the leading role in mobilizing opposition to an effort by the Bush administration to apply the global gag rule to HIV/AIDS funding. AGI expertise helped support passage of legislative language designed to prevent right-wing groups from using U.S. development assistance funds to spread derogatory information overseas about condoms and their role in pregnancy and disease prevention.

AGI released its newest chartbook in October 2003: *In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide*. The publication, which is a companion to the U.S. report on men's needs released in 2002, is the most comprehensive examination to date of the behavior and needs of men 15–54 with respect to the initiation of sexual activity, marriage, contraceptive use, parenthood and STIs, including HIV/AIDS. AGI believes that traditional family planning programs need to do a better job of meeting the needs of men if they are to play a role in global AIDS initiatives and capture some of the massive new revenue streams for HIV/AIDS prevention, diagnosis and treatment.

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Challenging the Administration on AIDS

AGI directly challenged the growing emphasis on abstinence and monogamy in the U.S. government's response to the international HIV/AIDS crisis and the growing conservative attack on condoms with its *Occasional Report* entitled "A, B and C in Uganda: The Roles of Abstinence, Monogamy and Condom Use in HIV Decline." In this comprehensive analysis of data from five national surveys of Ugandan women and men, AGI demonstrated that three factors contributed to the remarkable decline in Uganda's HIV infection rate: a delay in sexual debut, a reduction in the number of sexual partners *and* a significant increase in the use of condoms. AGI policy staff explored the policy implications of the study in a special analysis for *The Guttmacher Report on Public Policy*, and used this analysis together with the freestanding Executive Summary of the study to help key congressional staff deconstruct the precise role that abstinence played in the much-touted Ugandan experience.

In the abortion-related research AGI is undertaking in Uganda, we are also looking at the pregnancy intentions of women living with HIV/AIDS. The results are likely to demonstrate a substantial unmet need for contraception among women living with HIV/AIDS. These needs could become even more compelling in the future as women living with HIV/AIDS begin treatment with antiretroviral drugs, especially if newer drugs, some of which are teratogens, come into widespread use.

In 2003, AGI also researched and drafted a monograph on youth and HIV/AIDS risk and prevention in Sub-Saharan Africa, which will be published in 2004, and produced a widely acclaimed policy analysis of the administration's current approach to HIV/AIDS, published in *The Guttmacher Report*. The latter has

helped establish AGI as an important intellectual resource for key stakeholders in the AIDS field.

This policy analysis is just the first of many policy and research publications scheduled to result from the "Protecting the Next Generation" project. Original research for this project, now underway, examines risk-taking and preventive behaviors related to unintended pregnancy and transmission of HIV and other STIs among adolescents in four countries—Burkina Faso, Ghana, Malawi and Uganda. Results from these four broadly representative countries should help inform policymaking at both the national and regional levels, and perhaps also at the global level. Informed policymaking is critical in this controversial area, since the behavior of this largest-ever cohort of teenagers (one billion strong worldwide) will largely determine the course of the AIDS pandemic, as well as future population growth.

Losing Ground on Adolescent Sexuality

AGI analyses show that about 25% of the decline in teenage pregnancy between 1988 and 1995 can be attributed to a reduction in teenage sexual activity, while 75% of the decline can be attributed to more effective and consistent contraceptive use, especially use of long-acting hormonal contraceptives. Evaluations of sex education programs have consistently shown that comprehensive sex education programs that emphasize abstinence for younger teenagers, reduction in the number of sexual partners and use of contraception are more effective in encouraging teenagers to delay sexual debut and use contraceptives consistently when they become sexually active than abstinence-only programs.

But the comprehensive sex education programs adopted by many school districts in the 1990s are giving way to the abstinence juggernaut and its pro-

motors in the Bush administration. Already, teachers in 35% of school districts with sex education policies are required to teach abstinence until marriage as the expected standard of behavior and the only way to prevent unintended pregnancy and STIs; they are prohibited from providing positive information about contraception. Only 14% of teachers in these school districts are free to take a comprehensive, reality-based approach.

To help colleagues across the country support comprehensive sex education nationwide, AGI produced a new presentation tool in 2003 on "Sex Education: Needs, Programs and Policies." The slide show was presented to colleagues at conferences and meetings and posted in downloadable form on the Web site. An analysis of regional variations in school sex education programs also appeared in the November/December issue of *Perspectives on Sexual and Reproductive Health*.

In the December issue of *The Guttmacher Report*, we published "Understanding 'Abstinence': Implications for Individuals, Programs and Policies." The article included a thought-provoking analysis of the actual "use effectiveness" of abstinence, challenging conservatives' claim that "abstinence is 100% effective" in preventing pregnancy and STIs. The analysis cites evidence that, although abstinence programs may delay sexual debut, adolescents exposed to abstinence-only programs are less likely to use contraception when they do become sexually active. Even teenagers who take the abstinence pledge reportedly slip up. Indeed, three-quarters of U.S. teenagers have had sex by their late teens.

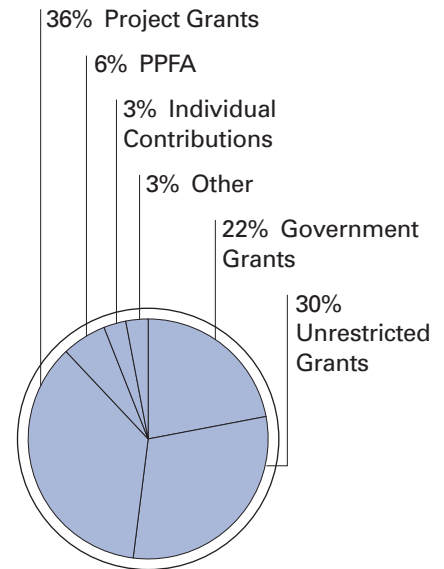
In 2004, AGI will continue to focus its energy on the ongoing projects described above. In addition, AGI will pursue new ways to counter conservative attacks

on sexual and reproductive health and rights. These include: targeted, state-level efforts to ensure the continued availability of safe and accessible abortion services nationwide; documentation of abortion worldwide, with particular attention to countries where abortion is illegal; and cost-benefit information on federal and state spending on contraceptive and abortion services in the United States. Armed with irrefutable, scientifically sound evidence on sexual and reproductive health needs and trends around the world, AGI will directly challenge policies and programs that endanger the health and welfare of women and men in the United States and abroad. Through its unique blend of social science research, policy analysis and public education, AGI provides the tools needed to mobilize needed resources and shape informed policies that will make sexual and reproductive health and rights a reality around the world.

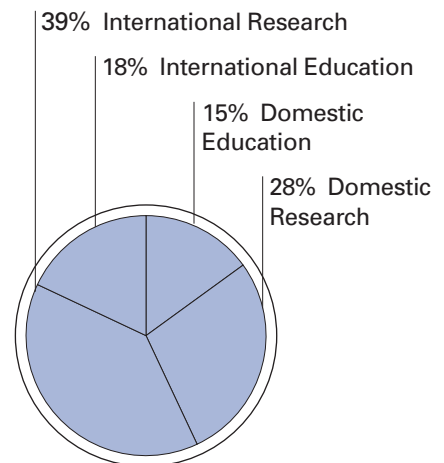
STATEMENT OF FINANCIAL POSITION

Assets	December 31, 2003
Cash and cash equivalents	\$ 995,927
Investments	15,166,143
Contributions and grants receivable	3,959,934
Other receivables	240,571
Prepaid expenses and other assets	110,483
Security deposits	88,502
Property and equipment, net	691,128
Total assets	\$ 21,252,688
Liabilities and net assets	
Accounts payable and accrued expenses	\$ 808,963
Deferred lease incentives	206,048
Deferred subscription revenue	44,907
Total liabilities	1,059,918
Net assets:	
Unrestricted:	
Undesignated, available for general activities	1,655,645
Designated by Board of Directors	3,530,058
Net investment in property and equipment	691,128
Total unrestricted	5,876,831
Temporarily restricted	12,233,007
Permanently restricted	2,082,932
Total net assets	20,192,770
Total liabilities and net assets	\$ 21,252,688

Revenues



Program Expenses



STATEMENT OF ACTIVITIES

Year Ended December 31, 2003

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue and support:				
Contributions	\$ 1,222,334		\$ 147,982	\$ 1,370,316
Grants and contracts from government agencies	2,195,936			2,195,936
Grants from private organizations	1,544,645	\$ 2,416,087		3,960,732
Investment income	469,529	299,346		768,875
Net realized and unrealized (losses) gains on investments	(277,414)	176,322		(101,092)
Publication income and other revenue	110,514			110,514
Total	5,265,544	2,891,755	147,982	8,305,281
Net assets released from restrictions	4,780,884	(4,780,884)		0
Total revenue and support	10,046,428	(1,889,129)	147,982	8,305,281
Expenses:				
Program services:				
Policy-relevant research/domestic	1,918,470			1,918,470
Policy-relevant research/international	2,645,475			2,645,475
Professional and public education/domestic	1,008,870			1,008,870
Professional and public education/international	1,237,099			1,237,099
Total program services	6,809,914			6,809,914
Supporting services:				
Management and general	2,075,573			2,075,573
Fundraising	487,421			487,421
Total supporting services	2,562,994			2,562,994
Total expenses	9,372,908			9,372,908
Change in net assets	673,520	(1,889,129)	147,982	(1,067,627)
Net assets at beginning of year	5,203,311	14,122,136	1,934,950	21,260,397
Net assets at end of year	\$ 5,876,831	\$ 12,233,007	\$ 2,082,932	\$ 20,192,770

SOURCES OF SUPPORT

Annual Contributions of \$10,000 or more

Mr. & Mrs. Leonard Broom*
Peggy Danziger*
Paul Scott Sperry & Beatrice
Mitchell*
Peters D. Willson*

\$5,000 to \$9,999

Ruth McLean Bowers
Coutts & Clark Western
Foundation Inc.*
EcoTrust Foundation
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Robert Davoli
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\$1,000-\$4,999

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David & Sharman Altshuler
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Nancy K. Merrell
Stewart R. Mott Charitable Trust
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Marcie & Robert Musser
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Paul H. Todd, Jr.
Susan N. Wilson
Theodore W. & Gertrude K.
Winsberg
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\$500-\$999

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Robert A. Billstein*
Dole Family Foundation*
Lynn A. Downing
Leon & Carola Eisenberg
Enivar Charitable Fund
Patrick C. & Charlotte Fischer*
Beth Fredrick*
John A. Galbraith
Phyllis T. Gelfman*
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Pamela Lokken*
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Margaret E. Martin*
James McCarthy*
Thomas W. Merrick &
Elaine Murphy
Sara F. Moser*
Alan B. Palmer*
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