aan

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or th	e 202	1 calendar year, or tax year begin	ning		and ending	3				
_			C Name of organization INTERNATION	NAL PLANNED PAR	ENTHOOI) FEDERAT	ION	D Employer ide	entification	number	
R c	heck if ap	oplicable:	WESTERN HEMISPHERE REG	GION							
	Addre		Doing Business AsFOS FEMINISTA	A				13-1845	3455		
	7 1	change	Number and street (or P.O. box if mail is r	not delivered to street address	s)	Room/suite		E Telephone n	umber		
	Initial	return	125 MAIDEN LANE, 9TH F	'L				(212)24	48 – 640	0	
	Term		City or town, state or province, country, a		!			(=== ,=			
	Amer	ided	NEW YORK, NY 10038					G Gross receip	ts \$	47,024	. 920.
	Appli	cation	F Name and address of principal officer:	GISELLE CARIN	VIO.			H(a) Is this a grou	up return for	Yes	X No
	pendi	ng	125 MAIDEN LANE, 9TH FL					subordinates H(b) Are all subord		Yes	No
$\overline{}$	Tax-ex	empt st	·) 	4947(a)(1)	or 527			ch a list. (see i	\Box	
<u>. </u>			WWW.FOSFEMINISTA.ORG) (moort no.)	+3+1 (a)(1)	01 027		H(c) Group exemp			
				Association Other		I Year of f		on: 1954 M	•		NY
	art I		mmary	AGSOCIATION OTHER		E rear or r	Omian	OII. 1994 IV	Otate of regi	ai dominolio	
	1	•	y describe the organization's mission or	most significant activities	יים ממד	MUD / DD7	EOG	DEMINITED:		2 TO	
ø	l '		·							5_10	
Governance			ROVE THE QUALITY OF LIFE								
rus	2		RODUCTIVE HEALTH AND RIG								
Š	2		k this box if the organization di	-	•				1 1		
	3	Numb	per of voting members of the governing	body (Part VI, line Ta)	//				4		
es	4		per of independent voting members of the						-		
ctivities &	5		number of individuals employed in cale						6		52
Λcti	6	lotal	number of volunteers (estimate if necess	sary)							27
`			unrelated business revenue from Part VI						7a		NONE
_	b	Net ui	nrelated business taxable income from F	orm 990-1, line 34					7b	2	NONE
	_					-		Prior Year		Current Y	
ne	8		ibutions and grants (Part VIII, line 1h)			Y FOR		36,255,33		34,656	
Revenue	9		am service revenue (Part VIII, line 2g) 🔒			NSPECTION			ONE		NONE
Re	10		tment income (Part VIII, column (A), line					192,78		1,128	
	11		revenue (Part VIII, column (A), lines 5,					409,47	T I		<u>,249.</u>
	12		revenue - add lines 8 through 11 (must					36,857,58		35,794	<u>,628.</u>
	13		s and similar amounts paid (Part IX, colu					12,608,67	′5.	12,765	
	14		fits paid to or for members (Part IX, colur						ONE		NONE
es	15		es, other compensation, employee bene		_			6,797,42	16.	6,208	,321.
Expenses	16a		ssional fundraising fees (Part IX, column					232,70)8.	1,560	<u>,972.</u>
×	b		fundraising expenses (Part IX, column (D								
	17	Other	expenses (Part IX, column (A), lines 11a	a-11d, 11f-24e)				7,092,12	23.	6,891	<u>,547.</u>
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)			26,730,93	32.	27,426	,300.
	19	Rever	nue less expenses. Subtract line 18 from	line 12	<u></u>			10,126,65	54.	8,368	,328.
s or							Beginn	ing of Current Y	'ear	End of Ye	ar
set	20	Total	assets (Part X, line 16)				1	14,795,99	0. 1	25,289	,147.
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)					29,096,30	00.	28,551	,722.
<u>S</u> ₽	22	Net as	ssets or fund balances. Subtract line 21	from line 20				85,699,69	0.	96,737	,425.
Pa	ırt II	Sig	gnature Block								
			of perjury, I declare that I have examined this complete. Declaration of preparer (other than						my knowle	edge and b	elief, it is
	5, 00110	T and	Complete. Declaration of preparer (other than	officer j is based off all lifton	nation of wil	icii preparei nas	arry Kri	owieuge.			
0:-											
Sig			Signature of officer					Date			
He	re										
			Type or print name and title								
		Print/	Type preparer's name	Preparer's signature	- YO.11	Date		Check	if PTIN		
Paid		KRI	STIN RUFFINI	Rust	tin Ruffine	11/11/	2022	g self-employe	ed P00	741491	
	parer		s name ▶ BDO USA, LLP			<u> </u>	Т	Firm's EIN		381590	
use	Only		s address ► 100 PARK AVENUE N	NEW YORK, NY 10	017-500)1		Phone no.		885-80	
May	the I		scuss this return with the preparer showr						Х		No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Form 99	

Form 990 (2021) Page **2**

Pa	art III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1	Briefly o	describe the organization's mission:
		WHR (DBA FOS FEMINISTA) AIMS TO IMPROVE THE QUALITY OF LIFE OF
		VIDUALS BY CAMPAIGNING FOR SEXUAL AND REPRODUCTIVE HEALTH AND
		IS THROUGH ADVOCACY AND SERVICES, ESPECIALLY FOR POOR AND
		ERABLE PEOPLE. FOR MORE INFORMATION, SEE SCHEDULE O.
2		organization undertake any significant program services during the year which were not listed on the
	If "Yes,"	orm 990 or 990-EZ? Yes X No describe these new services on Schedule O.
3		e organization cease conducting, or make significant changes in how it conducts, any program ??
	If "Yes,"	describe these changes on Schedule O.
4	expense	e the organization's program service accomplishments for each of its three largest program services, as measured by es. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others
	the tota	I expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$7,330,281. including grants of \$5,312,659.) (Revenue \$)
		VER SERVICES DIRECTLY: DELIVER RIGHTS-BASED SERVICES,
		UDING SAFE AND LEGAL ABORTION AND HIV SERVICES. MILLIONS OF
	WOME!	N, MEN, AND YOUNG PEOPLE AROUND THE WORLD STILL LACK ACCESS TO
	HIGH	-QUALITY, RIGHTS-BASED SEXUAL AND REPRODUCTIVE HEALTH
	SERV	ICES, INCLUDING SAFE AND LEGAL ABORTION AND HIV SERVICES. POOR
	_QUAL	ITY OF CARE CONTRIBUTES TO LOW UTILIZATION OF SERVICES, WHICH
	_EXAC:	ERBATES POOR HEALTH AND MORTALITY RELATED TO SEX,
	REPR	ODUCTION, HIV, AND REPRODUCTIVE CANCERS. FOR MORE INFORMATION,
	SEE	SCHEDULE O.
4b) (Expenses \$5,912,247. including grants of \$2,824,899.) (Revenue \$NONE_) ITUTIONAL DEVELOPMENT: ENHANCE OPERATIONAL EFFECTIVENESS AND
		LE NATIONAL AND GLOBAL INCOME. IPPF/WHR (DBA FOS FEMINISTA) IS
		ITTED AND HAS AN ETHICAL OBLIGATION TO MAKE THE MOST OF ITS
		URCES AND TO BE FLEXIBLE AND RESPONSIVE TO CHANGING POLITICAL
		ECONOMIC CONTEXTS. TO MAXIMIZE THE NUMBER OF PEOPLE IPPF/WHR
		SERVE, IT NEEDS TO INCREASE ITS OPERATIONAL EFFECTIVENESS.
	IPPF	/WHR MUST REMAIN RELEVANT, RESPONSIBLE, AND EFFICIENT IN HOW
	IT S	EEKS FUNDING, TRANSLATES IT INTO DEVELOPMENT OUTCOMES, AND
	SUST	AINS SERVICES TO MEET DEMAND. FOR MORE INFORMATION, SEE
	SCHE	DULE O.
_		
4c	(Code:	
		CACY: GALVANIZE COMMITMENT AND SECURE LEGISLATIVE, POLICY, AND
		LATORY IMPROVEMENTS. ALTHOUGH MANY GOVERNMENTS HAVE MADE
		IC STATEMENTS IN SUPPORT OF SEXUAL AND REPRODUCTIVE HEALTH AND
		IS, AND GENDER EQUALITY, MANY OF THEM HAVE FAILED TO REALIZE
		R COMMITMENTS THROUGH SUPPORTIVE LEGISLATION, POLICY, AND
		ING. IPPF/WHR WILL FURTHER INVEST IN ADVOCACY AT ALL LEVELS,
		UDING SUPPORTING PARTNERS AND ALLIES WITH CAPACITY BUILDING,
		ING, AND MONITORING. IPPF/WHR WILL TARGET KEY INSTITUTIONS,
		ORT AND FOSTER INTERESTED DECISION MAKERS, ENGAGE WITH
		UNITY AND FAITH NETWORKS, AND INFLUENCE LOCAL REGIONAL AND
	INTE	RNATIONAL PROCESSES.
_		
4d	•	rogram services (Describe on Schedule O.)
_		ses\$ 6,264,790. including grants of\$ 2,861,241.) (Revenue\$ NONE)
4e	Total pr	rogram service expenses > 22.669.383.

4e Total program service expenses ► 22,669,38

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Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
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			
40	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? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	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	37	Х
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	X	
b	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145	21	
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	l

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Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)			
			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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	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		
25 a	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		Х
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?			
		25b		Х
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 of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
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			
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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	Х	
b	If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O			
	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	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
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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			
	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.			
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			
	Enter the amount of reserves on hand	1.4-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		v
	excess parachute payment(s) during the year?	15		X
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	.0		21
17				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	-		

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13-1845455 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
0000	1011 A. Ouverning Body and management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year 9			
1a	Litter the number of voting members of the governing body at the end of the tax year 1.1.1.1	-		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
ra		7a		Х
	one or more members of the governing body?	, a		- 21
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		77
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by			
15				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	130		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	Х	
_	with a taxable entity during the year?	Toa		
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?	16b	Х	
Secti	ion C. Disclosure	100	Λ_	
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O	Γ / • • •	tion C	04/-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ı (sec	นบท 5	υ I(C)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
40		نتقيضا عك		الما
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ı ıntei	est p	юпсу,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record	lo 🏲		
20	CHRISTINE GARRISON ROSARIO 125 MAIDEN LANE, 9TH FLOOR, NEW YORK, NY 10038	is F		

212-214-0204

1E1042 1.000

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INTERNATIONAL PLANNED PARENTHOOD FEDERATION

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Companizations Comp	(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unlese er and	s pe	ition more rson irect	e than of is both cor/trust	an	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimated amount of other compensation from the organization and
NONE		organizations below	dual trustee ector	utional trustee	er	mployee	est compensated byee	er	1099-NEC)	1099-NEC)	related organizations
NONE	(1) GISELLE CARINO	35.00									
C2 CHRISTINE GARRISON ROSARIO 35.00 CHIEF FINANCIAL OFFICER NONE X 202,620. NONE 68,305.		_			$_{\rm X}$				315,223.	NONE	85,500.
Carrest Coarrest Co		_							,	-	,
Carrest Coarrest Co	CHIEF FINANCIAL OFFICER	NONE			х				202,620.	NONE	68,305.
(4) DANA ROGERS 35.00 CHIEF DEV.& STR. PTR. OFFICER NONE X 170,386. NONE 62,620. (5) VIVIANE GOUREDOU 35.00 X 146,813. NONE 54,815. (6) MOIRA MENDOZA 35.00 X 146,813. NONE 54,815. SR DIR, OPERATIONS NONE X 157,183. NONE 40,482. (7) ALEJANDRA MEGLIOLI 35.00 X 168,866. NONE 14,880. BILO SYBRANT 35.00 X 168,866. NONE 14,880. (8) MILO SYBRANT 35.00 X 156,783. NONE 22,166. (9) VINCENTE DIAZ NONE X 156,783. NONE 22,166. (9) VINCENTE DIAZ NONE X 134,600. NONE 12,155. (10) JOVANA RIOS CISNERO 1.00 X NONE NON	(3) DEBORA DINIZ RODRIGUES	35.00									
CHIEF DEV. & STR. PTR. OFFICER NONE X 170,386. NONE 62,620.	DEPUTY CEO	NONE			х				204,261.	NONE	57,018.
C5) VIVIANE GOUREDOU 35.00	(4) DANA ROGERS	35.00									
CHIEF, PEOPLE, INCL & CULTURE NONE X	CHIEF DEV.& STR. PTR. OFFICER	NONE					Х		170,386.	NONE	62,620.
Column	(5) VIVIANE GOUREDOU	35.00									
SR DIR, OPERATIONS	CHIEF, PEOPLE, INCL & CULTURE	NONE					Х		146,813.	NONE	54,815.
Table Tabl	(6) MOIRA MENDOZA	35.00									
DIR. OF PROG. (THRU 3/31/2021) NONE	SR DIR, OPERATIONS	NONE					X		157,183.	NONE	40,482.
SR. DIR OF MARKETING & DEVELOP NONE X 156,783. NONE 22,166.	(7) ALEJANDRA MEGLIOLI	35.00									
SR. DIR OF MARKETING & DEVELOP NONE X 156,783. NONE 22,166. (9) VINCENTE DIAZ NONE X 134,600. NONE 12,155. (10) JOVANA RIOS CISNERO 1.00 X X NONE NONE NONE BOARD CHAIRPERSON NONE X X NONE NONE NONE (11) PAMELA BARNES 1.00 X X NONE NONE NONE NONE VICE CHAIRPERSON NONE X X NONE NONE NONE NONE (12) JACQUES MAX MAURA 1.00 X X NONE NONE NONE NONE TREASURER NONE X X NONE	DIR. OF PROG.(THRU 3/31/2021)	NONE					X		168,866.	NONE	14,880.
NONE	(8) MILO SYBRANT	35.00									
FORMER OFFICER	SR. DIR OF MARKETING & DEVELOP	NONE					X		156,783.	NONE	22,166.
Column C	(9) VINCENTE DIAZ	NONE									
BOARD CHAIRPERSON	FORMER OFFICER	NONE						Х	134,600.	NONE	12,155.
(11) PAMELA BARNES 1.00 VICE CHAIRPERSON NONE X X NONE NONE NONE (12) JACQUES MAX MAURA 1.00 Image: Comparison of the compar	(10) JOVANA RIOS CISNERO	1.00									
VICE CHAIRPERSON NONE X X NONE NONE NONE (12) JACQUES MAX MAURA 1.00 Image: Control of the contr		NONE	X		Х				NONE	NONE	NONE
(12) JACQUES MAX MAURA 1.00 TREASURER NONE X X (13) ADRIANA MENDOZA 1.00 SECRETARY NONE X X (14) SOPHIE ARSENEAULT 1.00 BOARD MEMBER NONE X NONE NONE NONE NONE NONE NONE	(11) PAMELA BARNES	1.00									
TREASURER NONE X X NONE NONE NONE (13) ADRIANA MENDOZA 1.00 SECRETARY NONE X X NONE NONE NONE (14) SOPHIE ARSENEAULT 1.00 BOARD MEMBER NONE X NONE NONE NONE	VICE CHAIRPERSON	NONE	X		Χ				NONE	NONE	NONE
Column C	(12) JACQUES MAX MAURA	1.00									
SECRETARY NONE X X NONE NONE NONE (14) SOPHIE ARSENEAULT 1.00 BOARD MEMBER NONE X NONE NONE NONE		NONE	X		Χ				NONE	NONE	NONE
(14) SOPHIE ARSENEAULT 1.00 BOARD MEMBER NONE X NONE NONE NONE	(13) ADRIANA MENDOZA	1.00									
BOARD MEMBER NONE X NONE NONE NONE		_	X		Х				NONE	NONE	NONE
	(14) SOPHIE ARSENEAULT	1.00									
	BOARD MEMBER	NONE	X						NONE	NONE	

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Part VII Section A. Officers, Directors, T		y ⊑n	ipic			and r	ııgı		ea Employees (c	•
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not o		ition	o than a	no	Reportable	Reportable	Estimated
	hours per week (list any					e than o is both		compensation from	compensation from related	amount of other
	hours for					or/trust		the	organizations	compensation
	related	or o	Ins	Off	₹ e	Highest co	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	direc	l E	cer	em	hest	mer	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional		Key employee	ee t cor				organizations
	,	rust	=		/ee	compensated ee				3
		ee	trustee			nsa				
						ted				
15) DARIAN RODRIGUEZ HEYMAN	1.00									
BOARD MEMBER (THRU 12/12/2021)	NONE	X						NONE	NONE	NONE
16) TAMARA KREININ	1.00									
BOARD MEMBER (THRU 12/12/2021)	NONE	X						NONE	NONE	NONE
17) JABAR SINGH	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
18) KOBE SMITH	1.00	<u> </u>						1,01,1		1,01,1
BOARD MEMBER	NONE	X						NONE	NONE	NONE
19) LUSUNGU KALANGA	1.00	- 21						110111	110111	IVOIVE
BOARD MEMBER(AS OF 12/12/2021)	NONE	X						NONE	NONE	NONE
20) REWAN YOUSSIF	1.00	- 21						INOINE	NONE	NONE
BOARD MEMBER(AS OF 12/12/2021)	NONE	X						NONE	NONE	NONE
BOARD MEMBER (AS OF 12/12/2021)	NONE							NONE	INOINE	NONE
	-+	1								
	-+	1								
		1								
		-								
	-+	-								
		-								
	-+	-								
1b Sub-total								1,656,735.	NONE	417,941.
c Total from continuation sheets to Part VII,	Section A						>	NONE		NONE
d Total (add lines 1b and 1c)							>	1,656,735.	NONE	417,941.
2 Total number of individuals (including but no		hose	liste	d al	bov	e) who	re	eceived more than	\$100,000 of	
reportable compensation from the organizati	on >					17				
										Yes No
3 Did the organization list any former off	ficer, directo	or, or	tru	uste	e,	key e	mp	oloyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ind	livid	ual						3 X
4 For any individual listed on line 1a, is the	sum of rea	oortab	ole d	com	per	satior	n ai	nd other compens	sation from the	
organization and related organizations of	greater than	\$15	50,0	00?) If	"Yes	 .,"	complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive of	or accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or individual	
for services rendered to the organization? If '										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	e than \$100,000 o	f
compensation from the organization. Report										

year.

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 11

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Part VIII Statement of Revenue

		Check if Schedule O contains a re	espor	nse or note to an	y line in this Part V	'III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
פֿפֿ	С	Fundraising events	1c					
fts	d	Related organizations	1d	905,611.				
פֿיַּ	e	Government grants (contributions)	1e	367,459.				
Sin	f	All other contributions, gifts, grants,						
atic er		and similar amounts not included above	1f	33,383,560.				
호	g	Noncash contributions included in						
d			1g	\$ 544,990.				
g g	h	Total. Add lines 1a-1f			34,656,630.			
				Business Code				
Se	2a							
Program Service Revenue	b							
Sun	C							
eve	d							
og R	e							
<u>L</u>	f	All other program service revenue						
	g	Total. Add lines 2a-2f			NONE			
	3	Investment income (including divide						
		other similar amounts)			590,035.			590,035.
	4	Income from investment of tax-exempt	bond	proceeds . >	NONE			
	5	Royalties		· ▶	NONE			
		(i) Rea	ıl	(ii) Personal				
	6a	Gross rents 6a	,249.					
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	,249.	NONE				
	d	Net rental income or (loss)		▶	9,249.			9,249.
	7a	Gross amount from (i) Securi	ties	(ii) Other				
		sales of assets						
		other than inventory 7a 11,769	,006.					
ne	b	Less: cost or other basis						
evenue		and sales expenses 7b 11,230	,292.					
₹e,	С	Gain or (loss)	3,714.					
er	d	Net gain or (loss)	<u></u>		538,714.			538,714.
Other	8a	Gross income from fundraising						
O		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18		NONE				
	b	Less: direct expenses	_8b	NONE				
	С	Net income or (loss) from fundraising e	vents		NONE			
	9a	Gross income from gaming	_					
		activities. See Part IV, line 19		NONE				
	b	Less: direct expenses		NONE	770777			
	C	Net income or (loss) from gaming active	vities .		NONE			
	10a	Gross sales of inventory, less	40-	NIONIE				
		returns and allowances		NONE				
	b c	Less: cost of goods sold Net income or (loss) from sales of invent	Orv		NONE			
	٠	1401 MOOME OF (1000) HOM Sales OF HIVEH	y	Business Code	NONE			
Miscellaneous Revenue				Dusiliess Code				
nec	11a							
əlla	b							
Sc	c d	All other revenue						
Ξ		Total. Add lines 11a-11d			NONE			
	12	Total revenue. See instructions			35,794,628.			1,137,998.

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13-1845455

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
Do	not include amounts reported on lines 6b, 7b,				(D)			
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses			
	Grants and other assistance to domestic organizations		ехрензез	general expenses	ехрепзез			
1	and domestic governments. See Part IV, line 21	435,804.	435,804.					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and	10 200 656	10 200 656					
	foreign individuals. See Part IV, lines 15 and 16	12,329,656.	12,329,656.					
	Benefits paid to or for members	NONE						
5	Compensation of current officers, directors, trustees, and key employees	932,929.	559,782.	183,898.	189,249.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
_	persons described in section 4958(c)(3)(B)	NONE	2 275 264	700 215	002 000			
	Other salaries and wages	3,958,601.	2,375,264.	780,315.	803,022.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	385,902.	231,551.	76,069.	78,282.			
9	Other employee benefits	535,082.	321,063.	105,475.	108,544.			
10	Payroll taxes	395,807.	237,495.	78,021.	80,291.			
11	Fees for services (nonemployees):	110117						
	Management	NONE	167 104	40.001	20 654			
	Legal	246,799.	167,124.	40,021.	39,654.			
	Accounting	124,688. NONE	84,434.	20,220.	20,034.			
	Lobbying	1,560,972.			1,560,972.			
	Professional fundraising services. See Part IV, line 17 Investment management fees	156,822.		156,822.	1,300,372.			
	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O		150,022.				
9	(A), amount, list line 11g expenses on Schedule O.)	4,670,776.	3,892,995.	563,171.	214,610.			
12	Advertising and promotion	NONE	3,002,000	333,2:21				
13	Office expenses	112,278.	57,653.	7,288.	47,337.			
14	Information technology	333,164.	207,039.	42,203.	83,922.			
15	Royalties	NONE						
16	Occupancy	360,143.	223,805.	45,621.	90,717.			
17	Travel	11,588.	10,879.	681.	28.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	NONE						
20	Interest	NONE						
21	Payments to affiliates	NONE	220 000	00.710	07 526			
22	Depreciation, depletion, and amortization	418,274.	238,028.	92,710.	87,536.			
23	Insurance	68,854.	42,788.	8,722.	17,344.			
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.)							
a	OVERHEAD ALLOCATED		1,042,739.	-1,042,739.				
	RESEARCH (SEE SCH O)	80,826.	80,826.					
	OTHER EXPENSES	307,335.	130,458.	81,672.	95,205.			
d								
	All other expenses							
	Total functional expenses. Add lines 1 through 24e	27,426,300.	22,669,383.	1,240,170.	3,516,747.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							
					- 000 (222)			

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Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X								
			(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing	33,664,260.	1	41,594,604.				
	2	Savings and temporary cash investments	NONE	2	NONE				
	3	Pledges and grants receivable, net	6,977,159.	3	6,884,679.				
	4	Accounts receivable, net	NONE	4	NONE				
	5	Loans and other receivables from any current or former officer, director,							
		trustee, key employee, creator or founder, substantial contributor, or 35%							
		controlled entity or family member of any of these persons	NONE	5	NONE				
	6	Loans and other receivables from other disqualified persons (as defined							
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE				
ţ	7	Notes and loans receivable, net	478,610.	7	578,914.				
Assets	8	Inventories for sale or use	NONE	8	NONE				
Ř	9	Prepaid expenses and deferred charges	269,022.	9	276,476.				
	10 a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D 10a 14,634,542.							
	b	Less: accumulated depreciation	10,156,540.	10c	9,774,413.				
	11	Investments - publicly traded securities	37,898,796.	11	38,273,087.				
	12	Investments - other securities. See Part IV, line 11	2,204,718.	12	2,642,418.				
	13	Investments - program-related. See Part IV, line 11.	23,143,334.	13	25,264,556.				
	14	Intangible assets	NONE		NONE				
	15	Other assets. See Part IV, line 11	3,551.	15	NONE				
	16	Total assets. Add lines 1 through 15 (must equal line 33)	114,795,990.	16	125,289,147.				
	17	Accounts payable and accrued expenses	2,074,349.	17	1,503,704.				
	18	Grants payable	4,094,360.	18	3,210,824.				
	19	Deferred revenue	649,138.	19	552,437.				
	20	Tax-exempt bond liabilities	NONE		NONE				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21,111,741.	21	21,690,347.				
w	22	Loans and other payables to any current or former officer, director,	21,111,711.	<u> </u>	21,000,317.				
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35%							
ij		controlled entity or family member of any of these persons	NONE	22	NONE				
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		495,000.				
	23 24	Unsecured notes and loans payable to unrelated third parties	NONE		493,000. NONE				
	25	Other liabilities (including federal income tax, payables to related third	NONE	24	INOINE				
	23	parties, and other liabilities not included on lines 17-24). Complete Part X							
		of Schedule D	1 166 710	25	1 000 410				
	26	Total liabilities. Add lines 17 through 25	1,166,712.		1,099,410.				
	20		29,096,300.	26	28,551,722.				
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.							
au	27	Net assets without donor restrictions	4F 460 120	27	40 FEO 620				
Bal	28	Net assets with donor restrictions.	45,460,120.	27	48,550,638.				
þ	20		40,239,570.	28	48,186,787.				
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.							
ō	29	Capital stock or trust principal, or current funds		29					
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30					
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31					
et ,	32	Total net assets or fund balances	85,699,690.	32	96,737,425.				
Z	33	Total liabilities and net assets/fund balances	114,795,990.	33	125,289,147.				
_			,,		Form 990 (2021)				

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	· /					
Part :	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	35,7	94,	<u>628</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	27,4	26,	<u> 300</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		8,3	68,	<u> 328</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	35,6	99,	<u>690</u>
5	Net unrealized gains (losses) on investments	5		6	97 <u>,</u>	<u>452</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				<u>967</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2,0	<u>12,</u>	<u>922</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	9	6,7	37 <u>,</u>	<u>425</u>
Part	• •					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	ı a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			3.7	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	крlain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			7.7
	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	-				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdıts -		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public
Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION

WESTERN HEMISPHERE REGION Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,344,396.	29,096,927.	37,499,737.	36,255,330.	34,658,943.	163,855,333.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	26,344,396.	29,096,927.	37,499,737.	36,255,330.	34,658,943.	163,855,333.
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						54 000 440
6	shown on line 11, column (f)						51,029,110.
6	Public support. Subtract line 5 from line 4 tion B. Total Support						112,826,223.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_		26,344,396.	29,096,927.	37,499,737.	36,255,330.	34,658,943.	163,855,333.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	372,272.	921,796.	955,645.	718,862.	599,284.	3,567,859.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						167,423,192.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		_				
14	Public support percentage for 2021 (lin		-			14	67.39 %
15	Public support percentage from 2020					15	55.61 %
16a	331/3% support test - 2021. If the org	-					
	box and stop here. The organization qu	•		-			
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets			=			ipported
_	organization						🟲 🗀
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	•
	in Part VI how the organization meets			_	-		
40	organization						
18	Private foundation. If the organization						
	instructions						<u> </u>

Schedule A (Form 990) 2021 Page 3

Part III

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

Sec	tion A. Public Support				'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		'				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	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.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					<u> </u>	
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here .						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2021 (lin			13, column (f))		17	%
18	Investment income percentage from 2020 S					18	%
	331/3% support tests - 2021. If the org						and line
	17 is not more than 331/3 %, check this	-					. \square
b	331/3% support tests - 2020. If the orga		_				
	line 18 is not more than 331/3 %, check						. —
20	Private foundation. If the organization of		-	•		•	

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Schedule A (Form 990) 2021 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.**
- 10 a 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990) 2021 Page **5**

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	11b		
С	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	1110		
00011	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		1.7	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			<u> </u>
Occin	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of		163	110
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	structi	ons).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so	ee instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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? <i>If</i> "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.	2a		
b	Did the activities described on line 2a, above, 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
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.	3b		

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Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain	in in Part VI). See			
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7		7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
	Multiply line 5 by 0.035.	6					
7		7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ction C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2		2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
_	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization						

Schedule A (Form 990) 2021

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(see instructions).

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 Schedule A (Form 990) 2021
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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2021 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF.

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

INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION 13-1845455 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

Schedule B (Form 990) (2021)

00620P 702V

Schedule B (Form 990) (2021)

Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Employer identification number

Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION

Employer identification number 13-1845455

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$5,300,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$3,467,835.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$2,500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$2,322,154.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$1,927,960.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$927,960.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Page 2

Schedule B (Form 990) (2021)

Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION Name of organization

Employer identification number 12 10/5/55

	WESTERN HEMISPHERE REGION		13-1645455
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

527 exempt function activities

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

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

Tax) (See separate instructions), then	or Form 990-EZ, Part V, line 350 (Frox					
• Section 501(c)(4), (5), or (6) organizations: Complete Part III.						
Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION	Employer identification number					
WESTERN HEMISPHERE REGION	13-1845455					
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.						
1 Provide a description of the organization's direct and indirect political campaign activi	ities in Part IV. See instructions fo					
definition of "political campaign activities."						

3	Volunteer hours for political campaign activities. See instructions
	t I-B Complete if the organization is exempt under section 501(c)(3).
1	Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a	Was a correction made? Yes No
	If "Yes," describe in Part IV.
Par	t I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function
	activities
2	Enter the amount of the filing organization's funds contributed to other organizations for section

3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,		
	line 17b		_
4	Did the filing organization file Form 1120-POL for this year?	es	No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to wh	ich the	filing
	organization made payments. For each organization listed, enter the amount paid from the filing organization's funda-	s. Also	ente
	the amount of political contributions received that were promptly and directly delivered to a separate political organ	nization.	sucl

as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.										
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0						
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

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

Schedule C (Form 990) 2021

Scr	edule C (Form 990) 2021	TN.I.EKNA.I.TON	AL PLANNED PAREN	THOOD FEDERA	TTON 13	-1845455 Page ∠
P	cart II-A Complete if the org section 501(h)).	ganization is e	xempt under section	501(c)(3) and	filed Form 5768 (ele	ction under
Α		•	an affiliated group (and		ch affiliated group mem	iber's name,
		penses, and shar	e of excess lobbying exp	enditures).		
В	Check ▶ if the filing organize	zation checked b	ox A and "limited contro	l" provisions app	y.	
		on Lobbying Ex			(a) Filing	(b) Affiliated
	(The term "expendit	ures" means an	nounts paid or incurred.)	organization's totals	group totals
18	Total lobbying expenditures to	influence public o	opinion (grassroots lobb	ying)	228,518.	
ŀ	Total lobbying expenditures to	influence a legisl	ative body (direct lobby	ng)	3,387.	
C	: Total lobbying expenditures (ac	ld lines 1a and 1l	0)		231,905.	
(I Other exempt purpose expendi	tures			22,175,064.	
•	Total exempt purpose expendit	ures (add lines 1	c and 1d)		22,406,969.	
f	Lobbying nontaxable amount.	Enter the amou	unt from the following	table in both		
	columns.				1,000,000.	
	If the amount on line 1e, column (a	a) or (b) is: The lob	bying nontaxable amount	s:		
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,5	500,000 \$175,00	00 plus 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000	,000.			
ç	Grassroots nontaxable amount	(enter 25% of lin	e 1f)		250,000.	
ŀ	Subtract line 1g from line 1a. If	zero or less, ente	er -0			
i	Subtract line 1f from line 1c. If	zero or less, ente	r -0-			
j	If there is an amount other the	nan zero on eith	er line 1h or line 1i, o	lid the organizat	ion file Form 4720	
	reporting section 4911 tax for t	his year?				Yes No
		4-Year	Averaging Period Unde	Section 501(h)		
	(Some organizations that	it made a sectio	n 501(h) election do no	t have to comple	te all of the five colun	nns below.
		See the sep	arate instructions for l	ines 2a through	2f.)	
					• • •	
_		Lobbying E	xpenditures During 4-Y	ear Averaging Per	lod	
						1

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total					
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.					
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.					
С	Total lobbying expenditures	384,000.	310,000.	678,203.	231,905.	1,604,108.					
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.					
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.					
f	Grassroots lobbying expenditures	198,000.	185,000.	337,200.	228,518.	948,718.					

Schedule C (Form 990) 2021

JSA

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Pa	Tt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768	3		
	West was a live of the second	(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
•	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection			
	501(c)(6).						
				۲		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501				!: 1	:-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	OK (E) Pa	τ III-A, I	iine 3	, IS	
_				1			
1	Dues, assessments and similar amounts from members			-			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts	of				
	political expenses for which the section 527(f) tax was paid).			20			
а	Current year			2a 2b			
b	Carryover from last year			2C			
C	Total			3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible leaders and the state of the second	_	ıg	4			
5	and political expenditure next year?			5			
	Supplemental Information						
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d aroi	ın list): Part II	-A. lin	es 1	and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	- g	.pe.	,,	,		
`	,, , , , , , , , , , , , , , , , , , , ,						

Schedule C (Form 990) 2021

00620P 702V

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION 13-1845455 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Schedule D (Form 990) 2021

Revenue included on Form 990, Part VIII, line 1.

Pa	rt III Organizations Maintaini	na Collections of							ontinue	
3	Using the organization's acquisition					-				
	collection items (check all that appl			,	,		J	Ü		
а	Public exhibition	37	d	Loan	or excha	ange progra	m			
b	Scholarly research		e	Other		9 -				
C	Preservation for future gener	rations		,						
4	Provide a description of the organ		s and expla	in how t	hev fur	ther the or	ganization's e	exempt	purpos	e in Part
•	XIII.	nzation o concentra	o ana ospia		inoy ran		garnzanorro	o, compe	parpoo	o iii i ait
5	During the year, did the organization	on solicit or receive o	donations of	fart histo	orical tr	easures or	other similar			
·	assets to be sold to raise funds rath								Yes	No
Pa	rt IV Escrow and Custodial A		aniou do pai		or garnize	2110110 00110				
ıa	Complete if the organiza		es" on Forn	n 990 F	Part IV	line 9 or r	enorted an a	amour	t on Fo	rm
	990, Part X, line 21.	alon anowored Te	55 0111 011	11 000, 1	artiv,	11110 0, 01 1	oportou un c	annoui	it oil i c	,,,,,,
12	Is the organization an agent, trust	tee custodian or o	ther interm	ediary fo	or conti	ributions or	other assets	not		
ıa									Yes	X No
h	included on Form 990, Part X? If "Yes," explain the arrangement in	Dart VIII and com	nlote the fell	owing tob	olo:			L	162	X NO
D	ii res, explain the arrangement ii	Trait Alli allu colli	piete trie ion	owing tal	JIE.		Λ.	mount		
_	Designing belongs					4.	Al	mount		
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f			1/	
	Did the organization include an am								X Yes	No
_	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the ex	planation	nas be	en provided	on Part XIII			. X
Pa	rt V Endowment Funds.	tion anguared "V	oo" on Forn	~ 000 F) ort I\/	lina 10				
	Complete if the organiza		1				T . n = 1			
		(a) Current year	(b) Prior	-		o years back	(d) Three years			years back
1a	Beginning of year balance	12,606,600.		5,094.	10,	620,626.	10,272,			791,059.
b	Contributions	8,691.	1	3,700.		12,790.	1,595,0	641.	3,	796,343.
С	Net investment earnings, gains,									
	and losses	1,430,464.	1,12	4,194.	1,6	512,015.	-862,	172.		950,456.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	581,254.	41	6,388.	:	360,337.	385,	308.	:	265,393.
f	Administrative expenses									
g	End of year balance	13,464,501.	12,60	6,600.	11,	885,094.	10,620,	626.	10,	272,465.
2	Provide the estimated percentage	of the current year	end balance	e (line 1g,	column	(a)) held as	s:			
а	Board designated or quasi-endown	nent ▶ <u>84.5400</u>	_%	, ,		. ,,				
b	Permanent endowment ▶	%								
С	Term endowment ▶ 15.4600	%								
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.							
3a	Are there endowment funds not in	the possession of tl	he organiza	tion that	are hel	d and admi	nistered for the	е	_	
	organization by:									Yes No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	Х
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as require	d on Sch	edule R	?			3b	Х
4	Describe in Part XIII the intended u	ises of the organiza	ition's endov	vment fur	nds.					<u> </u>
Pa	rt VI Land, Buildings, and Equ	ipment.								
	Complete if the organiza									
	Description of property		r other basis stment)	(b) Cost o	or other ba ther)		cumulated reciation	(a	Book va	lue
1a	Land	,	· 1							
b	Buildings			12,9	66,07	5. 3,4	02,577.		9,56	3,498.
C	Leasehold improvements			, -	26,11		26,114.		,	
d	Equipment				589,25		88,527.			730.
e	Other				53,09		42,911.		21	0,185.
	I. Add lines 1a through 1e. (Column		m 990. Part 2							4,413.

Schedule D (Form 990) 2021

JSA 1E1269 1.000

Schedule D (I	Form 990) 2021 INTERNATIONAL	PLANNED PARENTH	HOOD FEDERATION	13-1845455 Page
Part VII	Investments - Other Securities. Complete if the organization answered			00, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
` '	al derivatives			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
r are viii	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)INTER	EST IN THE IPPF WHR FUND	25,264,556.	FMV	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13.)	25 264 556		
Part IX	Other Assets.	25,264,556.		
I alt IX	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 99	0, Part X, line 15.
		scription	,	(b) Book value
(1)		•		, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		>
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See F	orm 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Fede	ral income taxes			
	TABLE GIFT ANNUITIES			1,099,410
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,099,410. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 1E1270 1.000 Schedule D (Form 990) 2021

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	38,738,834.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.) 2d 2,015,234.	1	
e	Add lines 2a through 2d	2e	3,101,134.
3	Subtract line 2e from line 1	3	35,637,700.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 156,822.		
b	Other (Describe in Part XIII.) 4b 106.	1	
	Add lines 4a and 4b	4c	156,928.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	35,794,628.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	27,658,035.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	388,557.
3	Subtract line 2e from line 1	3	27,269,478.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	156,822.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	27,426,300.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		
-			

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

SCH D, PART IV, LINE 2B, CUSTODIAL ARRANGEMENTS:

AT DECEMBER 31, 2021, IPPFWHR (DBA FOS FEMINISTA) HELD \$0 ON BEHALF OF IPPF LONDON FOR CAPE VERDE FUNDS. THESE FUNDS, ORIGINALLY RECEIVED BY IPPF LONDON FROM THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) FOR CAPE VERDE FUNDS, ARE TO BE USED AS A QUASI-ENDOWMENT FUND TO PROVIDE A PERMANENT SOURCE OF FINANCIAL SUPPORT FOR ACCESS TO CONTRACEPTION AND SEXUAL AND REPRODUCTIVE HEALTH PROGRAMS IN CAPE VERDE, AFRICA. IPPFWHR (DBA FOS FEMINISTA) MANAGED THE FUNDS AT NO COST TO IPPF LONDON OR CAPE VERDE FUNDS. THE FUNDS TOTALED \$1,011,069 AT DECEMBER 31, 2020 WHEN RECEIVED AND GREW BY \$654,332. AFTER THE SEPARATION FROM IPPF LONDON EFFECTIVE AUGUST 31, 2020, FUNDS HELD FOR CAPE VERDE FUNDS WERE REMITTED BACK TO IPPF LONDON FOR CUSTODIANSHIP IN ACCORDANCE WITH AGREEMENT WITH IPPF LONDON UPON FINAL SETTLEMENT.

IN APRIL 2005, APROFAM ASSOCIATION PRO-BIENESTAR DE LA FAMILIA DE GUATEMALA (APROFAM), A PARTNER ORGANIZATION, DESIGNATED IPPFWHR (DBA FOS FEMINISTA) AS ITS AGENT FOR THE PURPOSE OF INVESTING THE APROFAM SUSTAINABILITY FUNDS FOR ITS MISSION OF PROVIDING QUALITY ACCESS TO CONTRACEPTION AND REPRODUCTIVE AND CHILD HEALTH SERVICES TO LOWER-INCOME FAMILIES IN GUATEMALA. AS AGENT, IPPFWHR (DBA FOS FEMINISTA) SHALL HAVE NO LIABILITY TO APROFAM FOR ANY ACTIONS OR FAILURE TO ACT UNDER THE CUSTODIAN AGREEMENT. IPPFWHR (DBA FOS FEMINISTA) INVESTED THE APROFAM FUNDS OF \$7,593,524 IN APRIL 2005. AT DECEMBER 31, 2021, THESE FUNDS WERE VALUED AT \$21,690,347. NO DISTRIBUTIONS WERE MADE DURING 2021.

Schedule D (Form 990) 2021

32

00620P 702V

Part XIII Supplemental Information (continued)

SCH D, PART V, LINE 4, USE OF ENDOWMENT FUNDS:

IPPFWHR (DBA FOS FEMINISTA) HAS DONOR-RESTRICTED ENDOWMENT FUNDS AND A BOARD-DESIGNATED ENDOWMENT FUND: THE ENDOWMENT FUND FOR SUSTAINABILITY (EFS) AND THE IPPFWHR (DBA FOS FEMINISTA) BOARD ENDOWMENT FUND.

THE EFS IS A DONOR-RESTRICTED FUND CREATED BY IPPFWHR (DBA FOS FEMINISTA)

AND USAID AS A SOURCE OF LOW-INTEREST LOANS AND GRANTS FOR

INCOME-GENERATING AND SUSTAINABILITY EFFORTS OF IPPFWHR (DBA FOS

FEMINISTA) PARTNERS. THE FUND WAS ESTABLISHED BY THE IPPFWHR'S (DBA FOS

FEMINISTA) BOARD OF DIRECTORS AS A MEANS TO ENHANCE THE SUSTAINABILITY OF

ITS PARTNER ORGANIZATIONS.

SCH D, PART X, LINE 2, UNCERTAIN TAX POSITIONS:

IPPFWHR (DBA FOS FEMINISTA) IS NOT SUBJECT TO INCOME TAXES, EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. IPPFWHR (DBA FOS FEMINISTA) RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

Part XIII Supplemental Information (continued)

SCH D, PART XI, LINE 2D, RECONCILIATION OF REVENUE:

CHANGE IN INTEREST IN THE NET ASSETS OF

THE IPPF WHR FUND: \$ 2,121,222

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES: \$ (108,300)

AMOUNTS REPORTED SEPARATELY \$ 2,312

TOTAL: \$ 2,015,234

SCH D, PART XI, LINE 4B:

AMOUNTS REPORTED SEPARATELY: \$106

PART XII, LINE 2D, RECONCILIATION OF EXPENSES:

AMOUNTS REPORTED SEPARATELY: \$109

Schedule D (Form 990) 2021

JSA 1E1226 2.000

00620P 702V V21-7.6F 2335083 **34**

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Employer identification number

WESTERN HEMISPHERE REGION				13-184545	5
Part I General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	nswered "Yes" on
 For grantmakers. Does the or other assistance, the grantees' award the grants or assistance? For grantmakers. Describe in outside the United States. 	eligibility for t	the grants or	assistance, and the selec	tion criteria used to	X Yes No
3 Activities per Region. (The follow	wing Part I line	3 table can be	a dunlicated if additional en	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH AMERICA	NONE	NONE	GRANTMAKING		7,376,987.
(2) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		3,336,598.
(3) NORTH AMERICA	NONE	NONE	GRANTMAKING		984,750.
(4) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		564,120.
(5) SOUTH ASIA	NONE	NONE	GRANTMAKING		63,000.
(6) EUROPE	NONE	NONE	GRANTMAKING		4,200.
(7) CENTRAL AMERICA/CARIBBEAN	NONE	9	PROGRAM SERVICES		1,836,819.
(8) SUB-SAHARAN AFRICA	NONE	3	PROGRAM SERVICES		110,000.
(9) CENTRAL AMERICA/CARIBBEAN	NONE	13	PROGRAM SERVICES		2,727,636.
(10) SUB-SAHARAN AFRICA	NONE	11	PROGRAM SERVICES		650,706.
(11) NORTH AMERICA	NONE	46	PROGRAM SERVICES		1,713,794.
(12) SUB-SAHARAN AFRICA	NONE	4	PROGRAM SERVICES		186,700.
(13) SOUTH ASIA	NONE	2	PROGRAM SERVICES		80,000.
(14) EUROPE	NONE	16	PROGRAM SERVICES		2,542,002.

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

NONE

31,764,245. Schedule F (Form 990) 2021

(14) EUROPE

(15)

(16)

<u>(17</u>)

3a

Subtotal

sheets to Part I Totals (add lines 3a and 3b)

from continuation

202.

31,764,245.

Schedule F (Form 990) 2021 INTERNATIONAL PLANNED PARENTHOOD FEDERATION 13-1845455 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (d) Purpose of (f) Manner of 1 (c) Region (e) Amount of (g) Amount of (h) Description (i) Method of section and EIN (if applicable) organization grant cash grant cash noncash of noncash valuation disbursement (book, FMV, assistance assistance appraisal, other) OPERATING (1) CENT. AMERICA/CARIBBEAN SUPPORT 196,203. WIRE OPERATING (2) 785,993 CENT. AMERICA/CARIBBEAN SUPPORT WIRE OPERATING (3) CENT. AMERICA/CARIBBEAN SUPPORT 30,000. WIRE OPERATING (4) SUPPORT 476,944. CENT. AMERICA/CARIBBEAN WIRE OPERATING (5) CENT. AMERICA/CARIBBEAN SUPPORT 343,340. WIRE OPERATING (6) CENT. AMERICA/CARIBBEAN SUPPORT 608,644. WIRE OPERATING (7) CENT. AMERICA/CARIBBEAN SUPPORT 212,600. WIRE OPERATING 293,686. (8) CENT. AMERICA/CARIBBEAN SUPPORT WIRE OPERATING (9) CENT. AMERICA/CARIBBEAN SUPPORT 40,000. WIRE OPERATING (10)CENT. AMERICA/CARIBBEAN SUPPORT 172,412. WIRE OPERATING (11)176,777. CENT. AMERICA/CARIBBEAN SUPPORT WIRE OPERATING (12)SUPPORT 8,000. NORTH AMERICA WIRE OPERATING (13)NORTH AMERICA SUPPORT 165,000. WIRE OPERATING (14)NORTH AMERICA SUPPORT 60,000. WIRE OPERATING (15)100,000. NORTH AMERICA SUPPORT WIRE OPERATING (16)SUPPORT 35,000. NORTH AMERICA WIRE

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a ta	ax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		64
3	Enter total number of other organizations or entities	▶	

Schedule F (Form 990) 2021

Part II	Grants and Other Assistance to Organizations of	r Entities Outside the United States. Complete if the organization answered "Yes" on Form	m 990
	Part IV, line 15, for any recipient who received mor	re than \$5,000. Part II can be duplicated if additional space is needed.	

1	(a) Name of		(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
•	organization	(b) IRS code section and EIN (if applicable)	(b) region	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
				OPERATING					
(1)			NORTH AMERICA	SUPPORT	496,200.	WIRE			
				OPERATING					
(2)			NORTH AMERICA	SUPPORT	35,000.	WIRE			
				OPERATING					
(3)			NORTH AMERICA	SUPPORT	8,550.	WIRE			
				OPERATING					
(4)			NORTH AMERICA	SUPPORT	50,000.	WIRE			
				OPERATING					
(5)			NORTH AMERICA	SUPPORT	15,000.	WIRE			
				OPERATING					
(6)			NORTH AMERICA	SUPPORT	10,000.	WIRE			
				OPERATING					
(7)			SOUTH AMERICA	SUPPORT	823,646.	WIRE			
				OPERATING					
(8)			SOUTH AMERICA	SUPPORT	150,000.	WIRE			
				OPERATING					
(9)			SOUTH AMERICA	SUPPORT	10,000.	WIRE			
				OPERATING					
(10)			SOUTH AMERICA	SUPPORT	100,000.	WIRE			
				OPERATING					
(11)			SOUTH AMERICA	SUPPORT	55,500.	WIRE			
				OPERATING					
(12)			SOUTH AMERICA	SUPPORT	1,177,186.	WIRE			
				OPERATING					
(13)			SOUTH AMERICA	SUPPORT	110,500.	WIRE			
				OPERATING					
(14)			SOUTH AMERICA	SUPPORT	600,700.	WIRE			
				OPERATING					
(15)			SOUTH AMERICA	SUPPORT	100,000.	WIRE			
				OPERATING					
(16)			SOUTH AMERICA	SUPPORT	24,000.	WIRE			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	(
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	٠_
3	Enter total number of other organizations or entities	•

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

1	(a) Name of		(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
•	organization	(b) IRS code section and EIN (if applicable)	(b) Negion	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
				OPERATING					
(1)			SOUTH AMERICA	SUPPORT	70,000.	WIRE			
				OPERATING					
(2)			SOUTH AMERICA	SUPPORT	168,007.	WIRE			
				OPERATING					
(3)			SOUTH AMERICA	SUPPORT	31,000.	WIRE			
				OPERATING					
(4)			SOUTH AMERICA	SUPPORT	228,820.	WIRE			
				OPERATING					
(5)			SOUTH AMERICA	SUPPORT	212,000.	WIRE			
				OPERATING					
(6)			SOUTH AMERICA	SUPPORT	140,000.	WIRE			
				OPERATING					
(7)			SOUTH AMERICA	SUPPORT	45,000.	WIRE			
				OPERATING					
(8)			SOUTH AMERICA	SUPPORT	199,231.	WIRE			
				OPERATING					
(9)			SOUTH AMERICA	SUPPORT	30,000.	WIRE			
				OPERATING					
(10)			SOUTH AMERICA	SUPPORT	105,000.	WIRE			
				OPERATING					
(11)			SOUTH AMERICA	SUPPORT	496,363.	WIRE			
				OPERATING					
(12)			SOUTH AMERICA	SUPPORT	239,796.	WIRE			
				OPERATING					
(13)			SOUTH AMERICA	SUPPORT	559,303.	WIRE			
				OPERATING					
(14)			SOUTH AMERICA	SUPPORT	84,000.	WIRE			
				OPERATING					
(15)			SOUTH AMERICA	SUPPORT	50,000.	WIRE			
				OPERATING					
(16)			SOUTH AMERICA	SUPPORT	407,050.	WIRE			

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

Schedule F (Form 990) 2021

Ochicadic i	(I GIII 330) 202 NIEKNATIONAL PLANNED PAKENTHOOD PEDEKATION	13 1043433	i agc 🛚
Part II	Grants and Other Assistance to Organizations or	Entities Outside the United States. Complete if the organization answered "Yes" on For	m 990
	Part IV, line 15, for any recipient who received more	e than \$5,000. Part II can be duplicated if additional space is needed.	

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				OPERATING					
(1)			SOUTH AMERICA	SUPPORT	110,000.	WIRE			
				OPERATING					
(2)			SOUTH AMERICA	SUPPORT	1,107,757.	WIRE			
				OPERATING					
(3)			SOUTH AMERICA	SUPPORT	10,000.	WIRE			
•				OPERATING					
(4)			SOUTH ASIA	SUPPORT	23,000.	WIRE			
				OPERATING					
(5)			SOUTH ASIA	SUPPORT	40,000.	WIRE			
				OPERATING					
(6)			SUB-SAHARAN AFRICA	SUPPORT	32,000.	WIRE			
				OPERATING					
(7)			SUB-SAHARAN AFRICA	SUPPORT	48,000.	WIRE			
				OPERATING					
(8)			SUB-SAHARAN AFRICA	SUPPORT	70,000.	WIRE			
				OPERATING					
(9)			SUB-SAHARAN AFRICA	SUPPORT	26,000.	WIRE			
				OPERATING					
(10)			SUB-SAHARAN AFRICA	SUPPORT	40,000.	WIRE			
,				OPERATING					
(11)			SUB-SAHARAN AFRICA	SUPPORT	20,000.	WIRE			
,				OPERATING					
(12)			SUB-SAHARAN AFRICA	SUPPORT	20,000.	WIRE			
•				OPERATING					
(13)			SUB-SAHARAN AFRICA	SUPPORT	223,620.	WIRE			
,				OPERATING					
(14)			SUB-SAHARAN AFRICA	SUPPORT	20,000.	WIRE			
,				OPERATING					
(15)			SUB-SAHARAN AFRICA	SUPPORT	30,000.	WIRE			
				OPERATING					
(16)			SUB-SAHARAN AFRICA	SUPPORT	30,000.	WIRE			

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

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

(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				disbursement	disbursement assistance	disbursement assistance assistance

Part IV	Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	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)	X	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X	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)	X	Yes		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X	No

Schedule F (Form 990) 2021

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).

SCHEDULE F, PART I, LINE 2:

IPPFWHR (DBA FOS FEMINISTA) CREATED AN ALLIANCE OF MORE THAN 150 PARTNERS AND ALLIES THAT WORKED IN MORE THAN 40 COUNTRIES IN 2021. THE PARTNER ORGANIZATIONS WERE REQUIRED TO SUBMIT THE FOLLOWING:

- 1) ANNUAL PROGRAM BUDGET (APB) OUTLINING HOW THE OVERALL BUDGET WILL BE SPENT INCLUDING PROGRAM INFORMATION;
- 2) A SIGNED FUNDING AGREEMENT WITH SPECIFIC TERMS AND CONDITIONS;
- 3) AN ANNUAL REPORT THAT INCLUDES DETAILED FINANCIALS, AND PROGRAM, COMMODITIES AND SERVICE STATISTICS;
- 4) AN ANNUAL EXTERNAL AUDIT AND MANAGEMENT LETTER; AND
- 5) A MID YEAR REPORT.

THESE REPORTS ARE COLLECTED AND REVIEWED BY IPPFWHR (DBA FOS FEMINISTA)

STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS. THE ALLIES WERE REQUIRED

TO SUBMIT THE FOLLOWING:

1) PROJECT PROPOSAL OUTLINING ACTIVITES AND HOW THE PROJECT BUDGET WILL BE SPENT;

Part V Supplem

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).

- 2) A SIGNED SUB-GRANT AGREEMENT WITH SPECIFIC TERMS AND CONDITIONS;
- 3) ANNUAL AND MID-YEAR PROJECT REPORTS THAT INCLUDE DETAILED FINANCIALS

AND PROGRAM EXECUTION; AND

4) AN ANNUAL EXTERNAL AUDIT AND MANAGEMENT LETTER;

THESE REPORTS ARE COLLECTED AND REVIEWED BY IPPFWHR (DBA FOS FEMINISTA)

STAFF TO ENSURE COMPLIANCE WITH GRANT AND DONORS RULES & REGULATIONS.

NARRATIVES AND FINANCIALS SHOULD BE SUBMITTED TO IPPFWHR (DBA FOS

FEMINISTA) AS PER THE REPORTING SCHEDULE INCLUDED IN EACH AGREEMENT.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Employer identification number INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations X Solicitation of non-government grants е а Χ Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes SEE SUPPLEMENT INFORMATION No 2 3 6 8 9 10 Total 7,158,865. 1,560,972. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Pa	rt l	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,000	ent contributions and g			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
<u></u>	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ot Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
Pa	11	Direct expense summary. Add line Net income summary. Subtract line Gaming. Complete if the organisms.	ne 10 from line 3, colu	ımn (d)	>	reported more than
1 4		\$15,000 on Form 990-EZ, lin	e 6a.	res on Form 990, r	-art iv, line 19, or	Teported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ıbtract line 7 from line	1, column (d)		
9 a	ì	Enter the state(s) in which the orgals the organization licensed to condit "No," explain:		in each of these state		Yes No
10a		Were any of the organization's gaming If "Yes," explain:				. Yes No

Schedule G (Form 990) 2021

JSA 1E1282 1.000

Sched	ule G (Form 990 or 990-EZ) 2021 INTERNATIONAL PLANNED PARENTHOOD FEDERATION 13-1845455 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Address N
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
. o u	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ▶
16	Gaming manager information:
	Name ►
	Coming manager componentian • •
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Becomption of cervices provided P
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Part	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
FUNI	DRAISING ACTIVITIES
SCRI	EDULE G, PART I, LINE 2B:
SCHI	EDULE G, PART I, LINE 2D.
DIIR -	ING 2021, IPPFWHR (DBA FOS FEMINISTA) PAID MAL WARWICK DONOR-DIGITAL A
	7,590 RETAINER FEE FOR PRINTING AND MAILING SERVICES, INCLUDING
	ATEGY ON MAILINGS, AND M&R STRATEGIC SERVICES, INC. A \$580,003
	AINER FEE FOR DIGITAL MARKETING, FUNDRAISING AND ENGAGEMENT, AS
	ORTED ON SCHEDULE G. IPPFWHR (DBA FOS FEMINISTA) ALSO REIMBURSED MAL
	WICK DONOR-DIGITAL \$832,696 FOR COSTS RELATED TO DESIGN, PRINTING,
	FILLMENT, AND POSTAGE OF DIRECT MAIL CAMPAIGNS.

Schedule G (Form 990 or 990-EZ) 2021

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

MAL WARWICK DONOR-DIGITAL

ADDRESS:

1625 K STREET NW, SUITE 300 WASHINGTON, DC 20006

ACTIVITY :

MAIL AND ONLINE

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: 6,694,011.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 980,969.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 5,713,042.

NAME:

M&R STRATEGIC SERVICES, INC.

ADDRESS:

1101 CONNECTICUT AVENUE NW, 7TH FLOOR WASHINGTON, DC 20036

ACTIVITY:

MARKETING & FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY: 464,854.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 580,003.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -115,149.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION

OMB No. 1545-0047

2021

Open to Public Inspection

Schedule I (Form 990) 2021

Employer identification number

WESTERN HEMISPHERE REGION						13-1845455	
Part I General Information on Grants a	ınd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistand	e?					X Yes No
Part IV, line 21, for any recipient		•					es" on Form 990,
(a) Name and address of organization or government	(b) 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) FAMILIES PLANNING ASSOC. OF PUERTO RICO							
P.O. BOX 192221 SAN JUAN, PR 00919	23-7034732	501(C)(3)	295,804.				REPRODUCTIVE HEALTH
(2) EDUCATION AS A VACCINE							
P.O. BOX 714 NY, NY 10163	31-1774988	501(C)(3)	130,000.				HEALTH AND DEV'T
(3) WOMEN'S LINK WORLDWIDE 195 PLYMOUTH STREET BROOKLYN, NY 11201	03-0371141	501(C)(3)	10,000.				GENDER EQUALITY
(4)	03 0371111	301(0)(3)	10,000.				SENDER EQUILIT
(6)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations	•	•					3

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

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
_ 3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

MONITORING THE USE OF GRANTS

SCHEDULE I, PART I, LINE 2:

IPPFWHR'S (DBA FOS FEMINISTA) DOMESTIC GRANTEES ARE AUTONOMOUS 501(C)(3)

NON-PROFIT ORGANIZATIONS. DOMESTIC GRANTEES ARE REQUIRED TO SUBMIT THE

FOLLOWING: 1) ANNUAL PROJECT BUDGET OUTLINING HOW OVERALL BUDGET WILL BE

SPENT INCLUDING PROGRAM INFORMATION; 2) A SIGNED FUNDING AGREEMENT WITH

SPECIFIC TERMS AND CONDITIONS; AND 3) AN ANNUAL REPORT THAT INCLUDES

DETAILED FINANCIALS, PROGRAM, AND SERVICE STATISTICS. THESE REPORTS ARE

COLLECTED AND REVIEWED BY IPPFWHR (DBA FOS FEMINISTA) STAFF TO ENSURE

Schedule I (Form 990) (2021)

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

COMPLIANCE WITH GRANT DOCUMENTS AND DONORS RULES & REGULATIONS.

NARRATIVES AND FINANCIALS SHOULD BE SUBMITTED TO IPPFWHR (DBA FOS

FEMINISTA) AS PER THE REPORTING SCHEDULE INCLUDED IN EACH AGREEMENT.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WESTERN HEMISPHERE REGION

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Employer identification number 13-1845455

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GISELLE CARINO	(i)	314,953.	NONE	270.	41,363.	44,137.	400,723.	NONE
1 CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTINE GARRISON ROS	(i)	202,440.	NONE	180.	27,398.	40,907.	270,925.	NONE
2 CHIEF FINANCIAL OFFIC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEBORA DINIZ RODRIGUES	(i)	203,847.	NONE	414.	27,258.	29,760.	261,279.	NONE
3 DEPUTY CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DANA ROGERS	(i)	169,972.	NONE	414.	21,856.	40,764.	233,006.	NONE
4 CHIEF DEV.& STR. PTR.	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VIVIANE GOUREDOU	(i)	146,543.	NONE	270.	17,872.	36,943.	201,628.	NONE
5 CHIEF, PEOPLE, INCL &	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MOIRA MENDOZA	(i)	156,913.	NONE	270.	18,871.	21,611.	197,665.	NONE
6 SR DIR, OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MILO SYBRANT	(i)	156,618.	NONE	165.	18,595.	3,571.	178,949.	NONE
7 SR. DIR OF MARKETING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALEJANDRA MEGLIOLI	(i)	37,830.	NONE	131,036.	2,373.	12,507.	183,746.	NONE
8 DIR. OF PROG.(THRU 3/	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VINCENTE DIAZ	(i)	134,600.	NONE	NONE	765.	11,390.	146,755.	NONE
9 FORMER OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A

ALEJANDRA MEGLIOLI AND VICENTE DIAZ RECEIVED A SEVERANCE PAYMENT IN THE

AMOUNT OF \$168,866 AND 134,611 RESPECTIVELY.

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Employer identification number

WESTERN HEMISPHERE REGION

13-1845455

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
·	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		37	544,990.	MARKET QU	ГАТО	'TON	
10	Securities - Closely held stock		3 7	311/330.	THIRTIE QU		1011	
11	Securities - Partnership, LLC,							
• •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
10	contribution - Historic							
	structures							
14	Qualified conservation							
17	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory							
21								
22	Taxidermy							
23 24	Scientific specimens							
	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
	Other ►(h 4h						
29	Number of Forms 8283 received	, ,	,		29			
	which the organization completed I	-01111 6263,	Part v, Donee Acknowledge	ement	23		Yes	No
200	During the year, did the organizat	ion roccivo	by contribution any propo	rty reported in Part I line	c 1 through		163	140
Jua	28, that it must hold for at least the				_			
	to be used for exempt purposes for	-			-	30a		Х
L			olding period?			Jua		
	If "Yes," describe the arrangement i		tanaa naliau that raquira	so the review of any	nonatandard			
31	Does the organization have a			-		31	v	
22-	contributions?					31	X	
s∠a	Does the organization hire or use	•	•	•		220	77	
	contributions?					32a	X	
	If "Yes," describe in Part II.		aliman (a) fan a tawa af	manda da manda la la casa la como de la como	Via abastro d			
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a) is checked,			

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

Schedule M (Form 990) 2021

Part II Supplem

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

PART I, COLUMN (B):

THE FILING ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

PART I, LINE 32A:

LVW ADVISORS PROVIDES IPPFWHR (DBA FOS FEMINISTA) WITH DISCRETIONARY
INVESTMENT MANAGEMENT SERVICES, WHICH INCLUDES BUYING AND SELLING
SECURITIES (STOCKS, BONDS, MUTUAL FUNDS, INDEX FUNDS, EXCHANGE TRADED
FUNDS, AND OTHER SECURITIES). THIS INCLUDES SELLING SECURITY
CONTRIBUTIONS AND DONATIONS ON BEHALF OF IPPFWHR (DBA FOS FEMINISTA).

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

13-1845455

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

FORM 990, PART I, LINE 1 & PART III, LINE 1:

IPPFWHR (DBA FOS FEMINISTA) AIMS TO IMPROVE THE QUALITY OF LIFE OF
INDIVIDUALS BY CAMPAIGNING FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
THROUGH ADVOCACY AND SERVICES, ESPECIALLY FOR POOR AND VULNERABLE PEOPLE.
WE DEFEND THE RIGHT OF ALL YOUNG PEOPLE TO ENJOY THEIR SEXUAL LIVES FREE
FROM ILL HEALTH, UNWANTED PREGNANCY, VIOLENCE AND DISCRIMINATION. WE
SUPPORT A WOMAN'S RIGHT TO CHOOSE TO TERMINATE HER PREGNANCY LEGALLY AND
SAFELY. WE STRIVE TO ELIMINATE SEXUALLY TRANSMITTED INFECTIONS AND REDUCE
THE SPREAD AND IMPACT OF HIV/AIDS.

FORM 990, PART III, LINES 4A-4D:

INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION,
INC. (IPPFWHR) DBA FOS FEMINISTA, A NON-FOR-PROFIT CORPORATION EXEMPT
FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE
(IRC), WAS ESTABLISHED IN 1954 TO PROMOTE SEXUAL AND REPRODUCTIVE HEALTH,
INCLUDING ACCESS TO CONTRACEPTION, IN THE WESTERN HEMISPHERE. IPPFWHR
(DBA FOS FEMINISTA) IS NO LONGER A MEMBERSHIP ORGANIZATION. IT IS NOW A
CHARITABLE CORPORATION THAT WAS APPROVED BY NEW YORK STATE IN EARLY 2021.
THE ORGANIZATION CONTINUES ITS WORK WITH PARTNERS THAT ARE INDEPENDENT
NON-GOVERNMENTAL NATIONAL ORGANIZATIONS IN NORTH AND LATIN AMERICA AND
THE CARIBBEAN THAT WORK IN THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
FIELD. THE BOARD OF DIRECTORS HAS NINE INDEPENDENT VOTING MEMBERS.

IPPFWHR (DBA FOS FEMINISTA) SPEARHEADS EVIDENCE-BASED RESEARCH
INITIATIVES ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INCLUDING

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GENDER-BASED VIOLENCE, CONTRACEPTIVE ACCESS, LEGAL ABORTION, COMPREHENSIVE SEXUALITY EDUCATION, AND MORE. THE STATEMENT OF FUNCTIONAL EXPENSES, FORM 990, PART IX, INCLUDES AN EXPENSE ITEM FOR RESEARCH OF \$80,826 WHICH REFLECTS THE CONSULTANT RELATED TO THESE RESEARCH INITIATIVES. THIS TOTAL DOES NOT INCLUDE GRANTS TO PARTNERS OR PERSONNEL COSTS AS THEY ARE REQUIRED TO BE REFLECTED IN LINES 1-10 ON THE STATEMENT OF FUNCTIONAL EXPENSES. THE TOTAL AMOUNT IPPFWHR (DBA FOS FEMINISTA) INVESTED IN RESEARCH INITIATIVES INCLUDING GRANTS TO PARTNERS AND PERSONNEL COSTS IS \$545,901. IPPFWHR (DBA FOS FEMINISTA) SUPPORTS AND COORDINATES SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING ACCESS TO CONTRACEPTION ACTIVITIES CARRIED OUT BY MORE THAN 150 PARTNERS AND ALLIES THAT WORKED IN MORE THAN 40 COUNTRIES IN 2021 INCLUDING FOS FEMINISTA, A.C. (MEXICO), FORMERLY KNOWN AS FEDERACION INTERNACIONAL DE LA PLANEACION FAMILIAR WHICH CHANGED ITS NAME IN 2022, A MEXICAN ENTITY FORMED IN 2017. IPPFWHR (DBA FOS FEMINISTA) PAID MEXICO CONSULTING EXPENSES RELATED TO CARRYING OUT MEXICO'S MISSION. IPPFWHR (DBA FOS FEMINISTA) ALSO PROVIDES FINANCIAL AND TECHNICAL ASSISTANCE AND ADVISORY SERVICES TO THESE ORGANIZATIONS. THE IPPF WHR FUND, A NOT-FOR-PROFIT CORPORATION, WAS FORMED EXCLUSIVELY FOR CHARITABLE PURPOSES. IPPFWHR (DBA FOS FEMINISTA) ALSO WORKS WITH FOS FEMINISTA CANADA AN INDEPENDENT ENTITY WITH ALL INDEPENDENT BOARD MEMBERS. THE ENTITY WAS ESTABLISHED IN 2018 TO FURTHER THE IMPACT OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR).

IN 2018, IPPFWHR (DBA FOS FEMINISTA) BECAME A FOUNDING MEMBER AND IS CURRENTLY A 16.66% EQUITY PARTNER IN A NEWLY FORMED FOR-PROFIT ENTITY,

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

INNOVA HEALTH SUPPLIES, S.A. (INNOVA), WITH A PAYMENT OF \$200,000. THE ENTITY WAS ESTABLISHED WITH IPPFWHR (DBA FOS FEMINISTA) PARTNERS AND ALLIES TO PROVIDE ACCESS TO QUALITY, TIMELY, AND LOW-COST CONTRACEPTION AND OTHER REPRODUCTIVE HEALTH PRODUCTS.

IN JANUARY 2021, IPPFWHR (DBA FOS FEMINISTA) ESTABLISHED A SUBSIDIARY IN COLOMBIA, REGISTERED AS INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION COLOMBIA (COLOMBIA SUBSIDIARY), TO ENABLE ITS WORK IN COLOMBIA. IN THE SAME YEAR, THE NAME WAS UPDATED TO FÔS FEMINISTA AND ACTS AS A COLOMBIAN SUBSIDARY. ADDITIONALLY, FÔS FEMINISTA WORKS WITH FOS FEMINISTA, A.C. (MEXICO), FORMERLY KNOWN AS FEDERACION INTERNACIONAL DE LA PLANEACION FAMILIAR WHICH CHANGED ITS NAME IN 2022, A MEXICAN ENTITY FORMED IN 2017. FÔS FEMINISTA PAID MEXICO CONSULTING EXPENSES RELATED TO CARRYING OUT MEXICO'S MISSION. THE IPPFWHR FUND (THE FUND), A NOT-FOR-PROFIT CORPORATION, WAS FORMED EXCLUSIVELY FOR CHARITABLE PURPOSES.

IPPFWHR (DBA FOS FEMINISTA) DOES NOT HAVE CONTROLLING FINANCIAL INTEREST IN ANY OF THE ABOVE-MENTIONED ENTITIES EXCEPT FOR FÔS FEMINISTA CANADA AND THE COLOMBIA SUBSIDIARY. THE ACCOMPANYING FINANCIAL STATEMENTS INCLUDE THE ACCOUNTS OF IPPFWHR (DBA FÔS FEMINISTA), FÔS FEMINISTA CANADA, AND THE COLOMBIA SUBSIDIARY. THE ACTIVITIES FOR FÔS FEMINISTA CANADA AND THE COLOMBIA SUBSIDIARY WERE IMMATERIAL TO THE ACCOMPANYING FINANCIAL STATEMENTS. ALL INTERCOMPANY BALANCES AND TRANSACTIONS HAVE BEEN ELIMINATED IN CONSOLIDATION.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

DURING 2021, AS PART OF OUR ONGOING JOURNEY TO PROTECT AND ADVANCE THE RIGHTS AND NEEDS OF WOMEN, GIRLS, AND GENDER-DIVERSE PEOPLE, IPPFWHR (DBA FOS FEMINISTA) JOINED FORCES WITH THE CENTER FOR HEALTH AND GENDER EQUITY (CHANGE) AND THE INTERNATIONAL WOMEN'S HEALTH COALITION (IWHC) TO CREATE A NEW FEMINIST ALLIANCE, UNDER THE LEADERSHIP OF IPPFWHR (DBA FOS FEMINISTA).

CHANGE, A WASHINGTON-BASED ORGANIZATION, HAS BEEN AT THE FOREFRONT OF SECURING AND PROTECTING SRHR FOR ALL, DRIVING PUBLIC CONVERSATION, AND SHAPING U.S. AND GLOBAL HEALTH POLICY. IWHC HAS COMMITTED TO BRING ITS CRITICAL EXPERIENCE WITH POLICY, ADVOCACY, AND TRUST BASED GRANT MAKING-WHICH IS HIGHLY VALUED BY PARTNERS IN THE GLOBAL SOUTH-PRIMARILY IN THE REGIONS OF LATIN AMERICA, AFRICA, ASIA, EASTERN EUROPE, AND THE MIDDLE EAST.

CONSOLIDATING THE WORK OF ALL THE ORGANIZATIONS BRING TOGETHER SEXUAL AND REPRODUCTIVE HEALTH CARE AND SERVICES, ADVOCACY FOR SEXUAL AND REPRODUCTIVE RIGHTS AND GENDER JUSTICE, AND GRANT-MAKING TO GRASSROOTS ACTIVISTS AND ORGANIZATIONS.

IPPFWHR (DBA FOS FEMINISTA) ACTIVITIES RESPOND TO THE IPPFWHR (DBA FOS FEMINISTA) BOARD APPROVED STRATEGIC FRAMEWORK FOR 2015-2022. ON JUNE 2022, THE IPPFWHR (DBA FOS FEMINISTA) BOARD APPROVED NEW STRATEGIC PRIORITIES FOR THE PERIOD 2023-24.

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.

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2021

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IPPFWHR'S (DBA FOS FEMINISTA) STRATEGY RESPONDS TO SOCIAL, POLITICAL, AND DEMOGRAPHIC GLOBAL TRENDS. THESE INCLUDE THE EXPECTATIONS AND POTENTIAL OF THE LARGEST EVER GENERATION OF YOUNG PEOPLE; ONGOING, SIGNIFICANT SOCIAL AND ECONOMIC INEQUALITIES, INCLUDING DISCRIMINATION AGAINST GIRLS AND WOMEN; AND OPPOSITION THAT THREATENS GAINS IN HUMAN RIGHTS. IT IS ALSO GUIDED BY EVALUATIONS AND ANALYSES OF IPPFWHR'S (DBA FOS FEMINISTA) WORK - STRENGTHS, WEAKNESSES, CAPACITIES, RESOURCES, AND NETWORKS.

THE RESOURCE ALLOCATION WILL RESPOND TO THE PRIORITY OBJECTIVES OF THE IPPFWHR (DBA FOS FEMINISTA) IMPLEMENTATION PLAN.

IPPF'S MOST RECENT STRATEGIC FRAMEWORK COVERS THE PERIOD OF 2016 TO 2022. IPPFWHR (DBA FOS FEMINISTA) IMPLEMENTATION PLAN WAS CREATED TO GUIDE THE FIRST FOUR YEARS OF WORK. IN 2019, IPPF CONDUCTED A MID-TERM REVIEW OF THE FRAMEWORK AND THE RECOMMENDATIONS WILL BE EMBEDDED IN THE IMPLEMENTATION PLAN FOR THE LAST THREE YEARS OF THE PLAN (2020-2022). IPPFWHR (DBA FOS FEMINISTA) SEPARATED FROM IPPF ON AUGUST 31, 2020 AND WILL DETERMINE IF ANY CHANGES ARE NEEDED IN THE STRATEGIC FRAMEWORK USED GOING FORWARD. ON JUNE 2022, THE IPPFWHR (DBA FOS FEMINISTA) BOARD APPROVED NEW STRATEGIC PRIORITIES FOR THE PERIOD 2023-24.

ADVOCACY IS PRIORITY OBJECTIVE ONE: GALVANIZE COMMITMENT AND SECURE LEGISLATIVE, POLICY, AND REGULATORY IMPROVEMENTS FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) AND GENDER EQUALITY. IPPFWHR (DBA

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FOS FEMINISTA) WILL INVEST IN RAISING AWARENESS ABOUT THESE ISSUES AT LOCAL, REGIONAL, AND INTERNATIONAL LEVELS, WITH A FOCUS ON HOLDING GOVERNMENTS ACCOUNTABLE TO THEIR COMMITMENTS. WORKING IN COORDINATION WITH ITS PARTNERS, IPPFWHR (DBA FOS FEMINISTA) WILL EDUCATE DECISION MAKERS AND PARTICIPATE IN KEY LOCAL, REGIONAL, AND INTERNATIONAL PROCESSES.

ENGAGE LEADERS IS PRIORITY OBJECTIVE TWO: ENGAGE WOMEN, GENDER-DIVERSE,

AND YOUTH LEADERS AS ADVOCATES FOR CHANGE. THE DENIAL OF SEXUAL AND

REPRODUCTIVE HEALTH AND RIGHTS AFFECTS WOMEN, GENDER-DIVERSE PEOPLE, AND

YOUNG PEOPLE DISPROPORTIONATELY, PARTICULARLY THOSE LIVING AT THE

MARGINS, AND SO IT IS IMPORTANT THAT THEY ARE AT THE FOREFRONT OF EFFORTS

TO SECURE POLICY AND PRACTICE CHANGE FROM GOVERNMENTS. IPPFWHR (DBA FOS

FEMINISTA) WILL STRENGTHEN ITS LINKS WITH YOUTH, LGBTQI+, AND WOMEN'S

ORGANIZATIONS AND PROVIDE PATHWAYS FOR LEADERS FROM THESE COMMUNITIES,

PARTICULARLY YOUNG WOMEN. THESE PROGRAMS WILL BE DEVELOPED IN

COLLABORATION WITH IPPFWHR'S (DBA FOS FEMINISTA) PARTNERS, WITH THE AIM

OF ENGAGING PEOPLE WHO MAY NOT TYPICALLY BE INVOLVED DUE TO MULTIPLE

FORMS OF DISCRIMINATION, EXCLUSION, AND MARGINALIZATION. IPPFWHR (DBA FOS

FEMINISTA) WILL FURTHER PROVIDE RESOURCES TO ITS YOUTH NETWORKS TO ENSURE

GREATER COORDINATION AND COLLABORATION.

COMPREHENSIVE SEXUALITY EDUCATION IS PRIORITY OBJECTIVE THREE: ENABLE
YOUNG PEOPLE TO ACCESS COMPREHENSIVE SEXUALITY EDUCATION AND REALIZE
THEIR SEXUAL RIGHTS. DATA SHOW THAT DEMAND FOR SEXUAL AND REPRODUCTIVE

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HEALTH SERVICES AND INFORMATION AMONG YOUNG PEOPLE - THE LARGEST

GENERATION OF YOUNG PEOPLE EVER - IS ALREADY OUTSTRIPPING SUPPLY. IPPFWHR

(DBA FOS FEMINISTA) KNOWS THAT YOUNG PEOPLE WHO ARE ABLE TO EXERCISE

THEIR SEXUAL AND REPRODUCTIVE RIGHTS, INCLUDING BY ACCESSING SERVICES,

HAVE THE POTENTIAL TO BE AGENTS OF CHANGE BY CHALLENGING PREJUDICES AND

SOCIAL NORMS AND BY CONTRIBUTING TO PUBLIC HEALTH AND DEVELOPMENT.

IPPFWHR (DBA FOS FEMINISTA) WILL DEVELOP AND SCALE UP RIGHTS-BASED

COMPREHENSIVE SEXUALITY EDUCATION TO EQUIP YOUNG PEOPLE WITH SKILLS AND

KNOWLEDGE TO DETERMINE AND ENJOY THEIR SEXUALITY AND PROTECT THEIR HEALTH

WITH A PRIORITY FOCUS ON INTERVENTIONS FOR REACHING THE MOST MARGINALIZED

YOUTH, IN AND OUT OF SCHOOL.

MEDIA AND PUBLIC OPINION IS PRIORITY OBJECTIVE FOUR: ENGAGE CHAMPIONS,
OPINION-FORMERS, AND THE MEDIA TO PROMOTE SEXUAL AND REPRODUCTIVE HEALTH
AND RIGHTS. THE IMPETUS FOR MAJOR CHANGE IN FAVOR OF SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS OFTEN STEMS FROM CHANGES IN PUBLIC
ATTITUDES AND OPINIONS. IPPFWHR (DBA FOS FEMINISTA) WILL IMPLEMENT PUBLIC
CAMPAIGNS TO RAISE AWARENESS OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
ISSUES FROM AN INTERSECTIONAL LENS AND TO GENERATE SUPPORT FOR ITS WORK
AND THE WORK OF ITS PARTNERS. IPPFWHR (DBA FOS FEMINISTA) WILL DEVELOP
INTEGRATED COMMUNICATIONS STRATEGIES, INVOLVING PUBLIC-FACING CHAMPIONS,
OPINION FORMERS, AND MEDIA OUTLETS, TO SHARE CONTENT RELATED TO SRHR AND
JUSTICE THROUGH A VARIETY OF FORMATS, INCLUDING TRADITIONAL AND SOCIAL
MEDIA. THIS WORK WILL BE EMBEDDED AS A CORE PART OF WHAT IPPFWHR (DBA FOS
FEMINISTA) DOES. FEMINISTA) DOES.

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FORM 990, PART III, LINES 4A-4D: CONTINUED

DELIVER SERVICES DIRECTLY IS PRIORITY OBJECTIVE FIVE: DELIVER

RIGHTS-BASED SERVICES, INCLUDING SAFE AND LEGAL ABORTION AND CARE FOR

VICTIMS OF GENDER-BASED VIOLENCE. MILLIONS OF WOMEN, GENDER-DIVERSE

PEOPLE, AND YOUNG PEOPLE AROUND THE WORLD - PARTICULARLY THOSE LIVING AT

THE MARGINS - LACK ACCESS TO HIGH-QUALITY, RIGHTS-BASED SEXUAL AND

REPRODUCTIVE HEALTH SERVICES, CONTRIBUTING TO HIGH RATES OF ADOLESCENT

AND UNPLANNED PREGNANCY, UNSAFE ABORTION, AND MATERNAL DEATH. IPPFWHR

(DBA FOS FEMINISTA) WILL WORK WITH ITS PARTNERS TO IDENTIFY, PROMOTE, AND

SCALE INNOVATIVE SOLUTIONS FOR EXPANDING ACCESS TO SEXUAL AND

REPRODUCTIVE HEALTH SERVICES, INCLUDING THROUGH WOMAN-TO-WOMAN CARE,

MOBILE CLINICS, TELEMEDICINE PLATFORMS, AND CLINICS.

ENABLE SERVICES IS PRIORITY OBJECTIVE SIX: ENABLE SERVICES THROUGH PUBLIC AND PRIVATE HEALTH PROVIDERS. WITH AN INCREASING NUMBER OF HEALTH PROVIDERS OFFERING SEXUAL AND REPRODUCTIVE HEALTH SERVICES, IPPFWHR (DBA FOS FEMINISTA) PARTNERS HAVE A DISTINCT ROLE IN PROVIDING TECHNICAL ASSISTANCE TO ENSURE THAT THESE ARE HIGH QUALITY, WOMAN-CENTERED, AND RIGHTS-BASED. IPPFWHR (DBA FOS FEMINISTA) WILL STRENGTHEN AND DEVELOP NEW FORMAL PARTNERSHIPS WITH PUBLIC AND PRIVATE PROVIDERS, INCLUDING TO DELIVER PRE- AND IN-SERVICE TRAINING FOR MEDICAL PERSONNEL AND INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN PARTNER FACILITIES, AS WELL AS TO STRENGTHEN SUPPLY CHAIN MANAGEMENT AND QUALITY OF CARE.

INSTITUTIONAL DEVELOPMENT IS PRIORITY OBJECTIVE SEVEN: ENHANCE

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OPERATIONAL EFFECTIVENESS AND DOUBLE NATIONAL AND GLOBAL INCOME. IPPFWHR

(DBA FOS FEMINISTA) IS COMMITTED AND HAS AN ETHICAL OBLIGATION TO MAKE

THE MOST OF ITS RESOURCES AND TO BE FLEXIBLE AND RESPONSIVE TO CHANGING

SOCIAL, POLITICAL, AND ECONOMIC CONTEXTS. IPPFWHR (DBA FOS FEMINISTA) IS

DECENTRALIZING ITS OPERATIONS AND EVOLVING ITS BUSINESS AND FUNDING MODEL

TO ENSURE THAT IT CAN OFFER A STABLE AND DIVERSIFIED FUNDING

PORTFOLIO-INCLUDING FLEXIBLE FUNDING, RESTRICTED GRANTS, AND REPAYABLE

FINANCING-TO SUPPORT PARTNERS TO FUND THEIR BUSINESS PLANS. IPPFWHR (DBA

FOS FEMINISTA) MOBILIZES UNRESTRICTED AND RESTRICTED RESOURCES, LEADS AND

INNOVATION AND SOCIAL ENTERPRISE LAB FOR PARTNERS TO BUILD THEIR BUSINESS

ACUMEN AND DEVELOP SUSTAINABLE STRATEGIES FOR EXPANDING ACCESS TO SRHR,

AND MANAGES A FEMINIST IMPACT FUND THAT PROVIDES LOW-INTEREST LOANS TO

FUND PARTNERS' SOCIAL ENTERPRISE MODELS.

VOLUNTEERS AND SUPPORTERS IS PRIORITY OBJECTIVE EIGHT: GROW IPPFWHR'S

(DBA FOS FEMINISTA) VOLUNTEER AND ACTIVIST SUPPORTER BASE. IPPFWHR'S (DBA
FOS FEMINISTA) WORK IS DEMANDED AND DELIVERED BY COMMUNITIES - THIS

GROUNDSWELL OF GRASSROOTS SUPPORT GIVES LEGITIMACY AND IS THE FOUNDATION

OF IPPFWHR'S (DBA FOS FEMINISTA) WORK. OPPOSITION GROUPS, A VOCAL

MINORITY IN MANY PLACES, THREATEN THE GAINS THAT THE SEXUAL AND

REPRODUCTIVE HEALTH AND RIGHTS MOVEMENT HAS ACHIEVED, AND THERE IS NOW A

NEED TO GROW AND LEAD THE VOLUNTEER AND ACTIVIST SUPPORTER BASE FOR

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AT ALL LEVELS TO PRESENT A

CLEAR, ALTERNATIVE VOICE TO ANTI-RIGHTS GROUPS.

FORM 990, PART III, LINE 4D:

Supplemental Information to Form 990 or 990-EZ

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OTHER PROGRAM SERVICE EXPENSES OF \$6,261,270 INCLUDING GRANTS OF \$2,861,241, ARE ATTRIBUTABLE TO THE FOLLOWING PROGRAMS:

- ENGAGE LEADERS: EXPENSES \$784,999 INCLUDING GRANTS OF \$302,265
- COMPREHENSIVE SEXUALITY EDUCATION: EXPENSES \$1,231,472 INLCUDING GRANTS
 OF \$779,292
- MEDIA AND PUBLIC OPINION: EXPENSES \$2,549,557 INCLUDING GRANTS OF \$992,695
- ENABLE SERVICES: EXPENSES \$822,042 INCLUDING GRANTS OF \$436,534
- VOLUNTEERS AND SUPPORTERS: EXPENSES \$873,200 INCLUDING GRANTS OF \$346,935

FORM 990, PART VI, LINE 11B:

THE ORGANIZATION'S FORM 990 IS INITIALLY PREPARED BY AN INDEPENDENT

ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S

FINANCE DEPARTMENT IN CONSULTATION WITH THE ORGANIZATION'S STAFF. THE

FINANCE DEPARTMENT AND THE ORGANIZATION'S CEO THEN REVIEW AND APPROVE THE

DRAFT RETURN. THE DRAFT RETURN IS THEN PROVIDED TO THE ENTIRE BOARD PRIOR

TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE. DIRECTORS

ARE REQUIRED TO CONFIRM THEIR COMPLIANCE PERIODICALLY. ALL NEW EMPLOYEES

ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE, AT THE TIME

OF HIRING, TO HUMAN RESOURCES DISCLOSING ANY OUTSIDE AFFILIATIONS. IN

ADDITION, DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE TO HUMAN

Supplemental Information to Form 990 or 990-EZ

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RESOURCES ANY OUTSIDE AFFILIATIONS OR POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE THROUGHOUT THE YEAR. HUMAN RESOURCES AND THE BOARD OF DIRECTORS REVIEW THE OUTSIDE AFFILIATIONS TO DETERMINE IF THERE ARE ANY POTENTIAL CONFLICTS OF INTEREST OR VIOLATIONS OF THE CONFLICT OF INTEREST POLICY. IF SO, APPROPRIATE ACTION IS TAKEN TO RESOLVE ANY SUCH CONFLICTS OR VIOLATIONS, INCLUDING CAUSING A DIRECTOR TO RECUSE HIMSELF OR HERSELF FROM DISCUSSION AND VOTING ON THE ISSUE AND CAUSING AN EMPLOYEE TO TERMINATE HIS/HER OUTSIDE AFFILIATION OR TAKING APPROPRIATE DISCIPLINARY ACTION.

FORM 990, PART VI, LINES 15A AND 15B:

THE INDEPENDENT BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL - THE CEO. THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE, AND NO DIRECTOR WHO HAS A CONFLICT OF INTEREST IS PERMITTED TO PARTICIPATE IN THE DISCUSSION OR VOTE ON THE CEO'S COMPENSATION. THE COMPENSATION DETERMINATION IS DOCUMENTED CONTEMPORANEOUSLY IN THE ORGANIZATION'S RECORDS. COMPENSATION FOR ALL OTHER EMPLOYEES IS SET BY THE CEO WITH THE ASSISTANCE OF THE HUMAN RESOURCES DEPARTMENT. VARIOUS SOURCES OF COMPARABILITY DATA ARE TAKEN INTO ACCOUNT IN DETERMINING COMPENSATION, TO ENSURE THAT EMPLOYEES ARE GENERALLY PAID WITHIN THE RANGE OF THE GOING MARKET RATE FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

FORM 990, PART VI, LINES 18 AND 19:

Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or 990-EZ.

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IPPFWHR'S (DBA FOS FEMINISTA) AUDITED FINANCIAL STATEMENTS AND 990 TAX
RETURNS ARE MADE AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE
WWW.FOSFEMINISTA.ORG. IN ADDITION, UPON REQUEST, THE ORGANIZATION WILL
MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE

FORM 990, PART XI, LINE 9:

PUBLIC INSPECTION LAWS.

CHANGE IN INTEREST IN THE NET ASSETS OF THE

IPPF WHR FUND: \$ 2,121,222

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES: \$ (108,300)

TOTAL LINE 9: \$ 2,012,922

JSA 1E1227 2.000 Name of the organization

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

13-1845455

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CANADA COLOMBIA

00620P 702V

Name of the organization

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

13-1845455

FORM 990, PART VI, LINE 17 - STATES

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

	9
Name of the organization	Employer identification number
INTERNATIONAL PLANNED PARENTHOOD FEDERATION	13-1845455

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHE	EST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MAL WARWICK & ASSOCIATES, INC. 2550 NINTH STREET		
BERKELEY, CA 94710	FUNDRAISING SERVICES	1,001,360.
M&R STRATEGIC SERVICES INC. 1101 CONNECTICUT AVENUE NW, 7TH FLOOR WASHINGTON, DC 20036	FUNDRAISING SERVICES	601,314.
ADVICE STAFFING 2 WEST 45TH STREET NEW YORK, NY 10036	STAFFING AGENCY	339,882.
THE 125 MAIDEN LANE 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003	BUILDING MAINTENANCE	332,902.
CORPORATE POWER INC. 62 WILLIAMS STREET, 5TH FLOOR NEW YORK, NY 10005	IT SUPPORT	292,457.

Name of the organization			Employer identification	n number
INTERNATIONAL PLANNED	PARENTHOOD FED	ERATION	13-1845455	
FORM 990, PART IX - OTHER FE	£S			
=======================================	==			
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONCILL MANUEL FEELS (HONODADILI	4 200 002	2 702 460	 	160 640
CONSULTANT FEES/HONORARIU	4,390,892.	3,703,468.	517,784.	169,640.
TRANSLATION	242,619.	164,293.	39,344.	38,982.
OTHER PROFESSIONAL FEES	37,265.	25,234.	6,043.	5,988.
TOTALS				
	4,670,776.	3,892,995.	563,171.	214,610.

=========

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

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OMB No. 1545-0047

WESTERN HEMISPHERE REGION

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Employer identification number 13-1845455

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (b) (e) End-of-year assets (f) Direct controlling Total income Name, address, and EIN (if applicable) of disregarded entity Primary activity or foreign country) entity (1) (2) (3) (4) (5) (6)

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

	(a) EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
							Yes	No
(1) THE IPPF WHR FUND	20-2561205							
125 MAIDEN LANE, 9TH FLOOR	NEW YORK, NY 10038	SUPPORT	DE	501(C)(3)	12D	IPPFWHR	Х	
(2) FOS FEMINISTA CANADA								
199 BAY STREET, SUITE 4000	TORONTO, ONTARIO CA M5L 1A	CHARITABLE	CA			IPPFWHR	x	
(3) FOS FEMINISTA								
CALLE 34 #14-52	BOGOTA, CO	CHARITABLE	CO			IPPFWHR	x	
(4) INNOVA HEALTH SUPPLIES, S.A.								
BUILDING 1001, CLAYTON	PANAMA CITY, PM	CHARITABLE	PM			N/A		X
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2021

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

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

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

				, ,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13 controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

13-1845455

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
. Gir	aa	complete it the organization anonorga	100 0111 01111 000,1 411111, 11110 011, 000, 01 001

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		X
	, , , , , , , , , , , , , , , , , , , ,			
f	Dividends from related organization(s)	1f		X
а	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
,				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		Х
•				
р	Reimbursement paid to related organization(s) for expenses	1р		X
	Reimbursement paid by related organization(s) for expenses	1q		Х
٦				
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	sholds	 s.	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FOS FEMINISTA COLOMBIA	В	53,256.	COST
(2) THE IPPFWHR FUND	С	905,611.	COST
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2021

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related,	sec	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
				from tax under sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(16)														
(10)														

Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2021Jurisdiction:FederalName:International Planned ParNo of Attachments:4

Return No: E0062OP1

PDF Attachment Description	PDF File Name	File Size
FORM 5471 - CANADA_2021	E00620P1_FE_FORM 5471 - CANADA_2021.pdf	793,688
FORM 5471 - INNOVA_2021	E00620P1_FE_FORM 5471 - INNOVA_2021.pdf	970,976
FORM 8865_2021	E00620P1_FE_FORM 8865_2021.pdf	818,947
FORM 5471 - COLOMBIA 2021	E00620P1 FE FORM 5471 - COLOMBIA 2021.pdf	1.669.273

5471

(Rev. December 2021)

Department of the Treasury

Internal Revenue Service

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2021, and ending 12/31/2021

OMB No. 1545-0123

Attachment Sequence No. 121

Name of person filing this return				A Identifyii	ng number						
INTERNATIONAL PLANNED	PARENTHOOD FEDERATION WEST	TERN HEMISPHERE F	REGION			13-1	.845455				
Number, street, and room or sui	te no. (or P.O. box number if mail is	not delivered to street									
125 MAIDEN LANE,	9TH FLOOR			1a X 1b 1c 2 3 4 X 5a X 5b 5c							
City or town, state, and ZIP code						tage of the f					
NEW YORK	NY	10038	C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _{100.0000} %								
Filer's tax year beginning 01/()1/2021 , an	d ending 12/31,	/2021								
D Check box if this is a final Fo	rm 5471 for the foreign corporation										
	ed foreign financial assets are repo										
F Check the box if this Form 54	71 has been completed using "Alt	ernative Information" ι	under Rev. Pro	c. 2019-40							
G If the box on line F is checke	d, enter the corresponding code for	r "Alternative Informati	on" (see instru	ctions)							
H Person(s) on whose behalf th	is information return is filed:										
							(4) Chec	k applicable	e box(es)		
(1) Name		(2) Address			(3) Identify	ing number	Shareholder	Officer	Director		
	olicable lines and schedule	s. All informatio	on must be	in Engl	ish. All an	nounts m	ust be stat	ed in U.	S. dollars		
unless otherw						L(4) F			: f		
1a Name and address of foreign						b(1) Emplo	oyer identificat	ion number	, if any		
FOS FEMINISTA CA						1 (a) D (,			
199 BAY STREET,						b(2) Refere	ence ID numbe	er (see instri	uctions)		
TORONTO, ONTARIO	M5L 1A9 CA					1066664-					
						c Count	ry under whos	se laws inco	rporated		
10 ()	D: :	l. n · · · · ·		T 5: :		CA					
d Date of incorporation	e Principal place of business	f Principal business code number	s activity	1 .	oal business a	ictivity	h Functional	currency co	ae		
				GIVING	SERVICES						
03/19/2018	CA	81300					CAD				
	nation for the foreign corporation's										
United States	fying number of branch office or age	ent (ii arry) in the			return was file	d, enter:					
			(i) Ta	axable inco	me or (loss)			come tax pa all credits)	iid		
							(untoi	un orouno)			
c Name and address of foreign	gn corporation's statutory or resider	nt agent in country	d Name and	d address	(including cor	norate dena	tment, if applic	able) of per	eon (or		
of incorporation	gri corporations statutory or resider	it agent in country	persons) v	with custod	y of the books	and records	s of the foreign				
			the location	on of such	books and re	cords, if diffe	rent				
Schedule A Stock of	of the Foreign Corporati	on									
Scriedule A Stock (or the roreign corporati	011		(h)	Number of sl	hares issued	and outstandir	na			
(a) De	scription of each class of stock		(i)			laics issued					
(a) Do.	soription of each dass of stock			Beginning accounting				of annual ting period			
COMMON					10				100.		
COMMON						<u> </u>			<u> </u>		
For Panerwork Reduction A	Act Notice see instructions		1				Form 1	5.471 (Pa	ov 12-2021)		

JSA

1X1660 1.000

FOREIGN FORMS

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Page 2 Form 5471 (Rev. 12-2021)

Schedule B Shareholders of Forei Part I U.S. Shareholders of Forei		orporation (see instructions)			
(a) Name, address, and identifying number of shareholder	(b)	Description of each class of stock held by hareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
FOS FEMINISTA	COMMON		100.	100.	
125 MAIDEN LANE, 9TH FLOOR					
NEW YORK, NY 10038					
13-1845455					1.0000000000
Part II Direct Shareholders of For	reian	Corporation (see instructions)			
(a) Name, address, and identifying number of shareh Also, include country of incorporation or formation, if applicable.		(b) Description of each class of stock held be Note: This description should match the condescription entered in Schedule A, col	orresponding	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
FOS FEMINISTA		COMMON		100.	100.
125 MAIDEN LANE, 9TH FLOOR					
NEW YORK, NY 10038					
13-1845455					
				1	I

Form 5471 (Rev. 12-2021) Page **3**

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

		s for donar approximate separate transactions method (Γ	Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a		
	b	Returns and allowances	1b		
	С	Subtract line 1b from line 1a	1c		
	2	Cost of goods sold	2		
	3	Gross profit (subtract line 2 from line 1c)	3		
4	4	Dividends	4		
Income	5	Interest	5	NONE	NONE
ည	6a	Gross rents	6a		
=	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8a	Foreign currency transaction gain or loss - unrealized	8a		
		Foreign currency transaction gain or loss - realized	8b	-18.	-14.
	9	Other income (attach statement) SEE STATEMENT 1	9	2,950.	2,308.
	10	Total income (add lines 3 through 9)	10	2,932.	2,294.
	11	Compensation not deducted elsewhere	11		
		Rents	12a		
		Royalties and license fees	12b		
SL	13	Interest	13		
₫	14	Depreciation not deducted elsewhere	14		
Deductions	15	Depletion	15		
Š	16	Taxes (exclude income tax expense (benefit))	16		
_	17	Other deductions (attach statement - exclude income tax expense			
	''	(benefit))	17	139.	109.
	18	Total deductions (add lines 11 through 17)	18	139.	109.
	19	Net income or (loss) before unusual or infrequently occurring items,		139.	
Je		and income tax expense (benefit) (subtract line 18 from line 10)	19	2,793.	2,185.
Net Income	20	Unusual or infrequently occurring items	20	27,753.	27103.
<u>=</u>		Income tax expense (benefit) - current	21a		
let		Income tax expense (benefit) - deferred	21b		
~	22	Current year net income or (loss) per books (combine lines 19 through 21b)	22	2,793.	2,185.
		Foreign currency translation adjustments	23a	2,755.	2,103.
Other Comprehensive Income	b	Other	23b		
Other preher ncome		Income tax expense (benefit) related to other comprehensive income			
9 9 5	24	Other comprehensive income (loss), net of tax (line 23a plus line 23b	230		
S		less line 23c)	24		
	<u> </u>	1033 11110 230)	44		E 471 (D. 40.0004)

Form **5471** (Rev. 12-2021)

FOREIGN FORMS

Form 5471 (Rev. 12-2021) Page 4

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	40,874.	42,959.
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	()	()
3	Derivatives	3		
4	Inventories	4		
5	Other current assets (attach statement)	5		
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	()	()
10 a	Depletable assets	10a		
b	Less accumulated depletion	10b	()	()
11	Land (net of any amortization)	11		
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs	12b		
С	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	()
13	Other assets (attach statement)	13		
14	Total assets	14	40,874.	42,959
	Liabilities and Shareholders' Equity			
15	Accounts payable	15		
16	Other current liabilities (attach statement)	16		
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement)	19		
20	Capital stock:			
а	Preferred stock	20a		
b	Common stock	20b	100.	100
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22	40,774.	42,859
23	Less cost of treasury stock	23	()	()
24	Total liabilities and shareholders' equity	24	40,874.	42,959
Sch	nedule G Other Information			

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		Х
	If "Yes," see the instructions for required statement.		
2	During the tax year, did the foreign corporation own an interest in any trust?		Х
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from		
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign		
	branches (see instructions)?		Х
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion		
	payment made or accrued to the foreign corporation (see instructions)?		Х
	If "Yes," complete lines 4b and 4c.		
b	Enter the total amount of the base erosion payments		
С	Enter the total amount of the base erosion tax benefit		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not		
	allowed under section 267A?		Х
	If "Yes," complete line 5b.		
h	Enter the total amount of the disallowed deductions (see instructions)		

Page 5 Form 5471 (Rev. 12-2021)

Sche	dule G Other Information (continued)		
		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with		
	respect to any amounts listed on Schedule M?		X
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived		
	deduction eligible income (FDDEI) (see instructions)		
С	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer		
	included in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions)		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
	If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in		
_	which the foreign corporation was a participant during the tax year.		
8	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		3.5
_	section 1.358-6(b)(2))?		X
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		37
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		X
L	If "Yes," go to line 9b.		
b	Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d) (2)(B) for the tax year		
10	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
10	1.7874-12(a)(9)?		Х
	If "Yes," see instructions and attach statement.		21
11	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
•	section 1.6011-4?		Х
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
12	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		Х
13	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х
14	Did you answer "Yes" to any of the questions in the instructions for line 14?		X
	If "Yes," enter the corresponding code(s) from the instructions and attach statement ▶		
15	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		X
	If "Yes," enter the amount		
16	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to		
	the current tax year (see instructions)?		X
	If "Yes," enter the amount		
17a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year		
	(see instructions)?		X
b	If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated		
	as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18	Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of		
	Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of		
	interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the		37
40-	relevant term)?		X
19a	Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section		
	1.385-3) during the period including the tax year and the preceding three tax years, or, during the period beginning		
	36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party?		Х
h	If the answer to question 19a is "Yes," provide the following.		Λ
b	(1) The amount of such distribution(s) and acquisition(s)		
	(1) The amount of such related party indebtedness		
	(2) The amount of such related party indepted 16331. The first fir		

Form 5471 (Rev. 12-2021) Page **6**

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name	e of U.S. shareholder ▶international planned parenthood Identifying number ▶ 13-1845455				
1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation				
	(see instructions)	1a			
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	1b			
С	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception				
	under section 954(c)(6)	1c			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception				
	under section 954(c)(6)	1d			
е	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A).	1e			
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f			
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g			
h	Other subpart F income (enter result from Worksheet A)	1h			
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2			
3	Reserved for future use	3			
4	Factoring income	4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.				
5a	Section 245A eligible dividends (see instructions)	5a			
b	Extraordinary disposition amounts (see instructions)	5b			
С	Extraordinary reduction amounts (see instructions)	5c			
d	Section 245A(e) dividends (see instructions)	5d			
е	Dividends not reported on line 5a, 5b, 5c, or 5d	5e			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6			
		•		Yes	No
7a	Was any income of the foreign corporation blocked?				Х
b	Did any such income become unblocked during the tax year (see section 964(b))?				X
If the	answer to either question is "Yes," attach an explanation.				
8a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign cor	•			
	any time during the tax year (see instructions)?				X
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of	the C	FC yea	ır	
	\$ and at the end of the tax year \$ Provide an attachment detail	ling ar	ny char	nges fro	m the
	beginning to the ending balances.				
С	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the	e CFC	year		
	\$ and at the end of the tax year \$ Provide an attachment detail	ling ar	ny char	nges fro	m the
	beginning to the ending balances.				
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instr	uction	s) \$		

139. 109.

FORM 5471, PAGE 3 DETAIL

TOTAL

	=======================================
FUNC CURRENCY	US CURRENCY
2,950.	2,308.
2,950.	2,308.
139.	109.
	2,950. 2,950. =========

SCHEDULE E (Form 5471) (Rev. December 2021)

Income, War Profits, and Excess Profits Taxes Paid or Accrued

► Attach to Form 5471.

OMB No. 1545-0123

Department of the Treasonternal Revenue Service	ury				► Go to	www.irs.gov/	Form54	171 for	ins	tructions	and the	latest information.			
Name of person filing Fo	orm 5471													Identifyir	ng number
INTERNATIONAL	PLANNE	ED PA	REN	THOOD	FEDERATION	N WESTER	N HEM	IISPE	HER	E REGI	ON			13-18	345455
Name of foreign corporat												EIN (if any)		Reference	ce ID number (see instructions)
FOS FEMINISTA	CANADA	A												1066	664-5
a Separate Cat	egory (Ente	er code	e - se	ee instruc	ctions.))	GEN
b If code 901j is	s entered o	on line	a, er	nter the	country code for	or the sanct	tioned o	counti	ry (s	see instru	ctions).)	-
c If one of the F	RBT codes	is ente	ered	on line	a, enter the co	untry code 1	for the	treaty	COL	untry (see	instruct	ions))	>
Part I Taxes	for Whic	h a Fo	oreig	gn Tax (Credit Is Allov	wed									
Section 1 - Taxes I	Paid or Ac	crued	Direc	ctly by F	oreign Corpora	ation									
	Nan	(a) ne of Pa		ntity		ID Numb	EIN or Reference			Unsuspended to		(d) or U.S. Possession /hich Tax Is Paid ode - see instructions. eparate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)		(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1 FOS FEMINISTA	CANADA					1066664-5									
2															
3															
4															
(g) Income Subje in the Foreign (see instrue	Jurisdiction	U.S. se		paid on income, box	(i) Local Curre Which Tax Is (enter code - see	Payable	(in lo	x Paid	rency	y in which		(k) Conversion Rate to U.S. Dollars	(I) In U.S. Dollars (divide column (j) by column (k))		(m) In Functional Currency of Foreign Corporation
1	2,793.				CAD					NONE		NONE		NONE	NONE
2															
3															
4															
5 Total (combined)	e lines 1 th	hrough	1 4 of	f column	ı (I)). Also repo	rt amount o	n Sche	dule E	Ξ-1,	line 4		▶		NONE	
6 Total (combin	e lines 1 th	hrough	1 4 of	f column	n (m))									▶	NONE
Section 2 - Taxes I	Deemed Pa	aid by	Fore	ign Cor	poration										
Na 	me of Lower-		(a) tributin	ng Foreign	Corporation	I NITM DELOT LOWER-HELL				Country or U.S. Possession to Which Tax Is Paid er code - see instructions. Use a separate line for each.)			(d) PTEP G ach.) (enter c	roup	(e) Annual PTEP Account (enter year)
1															
2															
3															
4															
	(f) PTEP Distri mount in fund		urrenc	у)		(g) t of PTEP in the functional curre		iroup				(h) of the PTEP Group Taxes to PTEP Group (USD)	to PTEP	ncome Tax and not Pr	(i) es Properly Attributable eviously Deemed Paid (g)) x column (h)) (USD)
1									_						
2									_						
3									+						
4					(1)										
						rt amount o	n Sche	dule E	<u>1,</u>	ııne 6			•		
For Panerwork Redu	CTION ACT N	OTICE S	DO IN	etriictions	•									Schodul	e F (Form 5471) (Rev. 12-2021)

13-1845455

Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P.

Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))

Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12

11

12

13 14

15 16 Schedule E (Form 5471) (Rev. 12-2021)

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions
FOS FEMINISTA CANADA		1066664-5
a Separate Category (Enter code - see instructions.)		GEN GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		
Cabadula E.4. Tayon Daid, Anamund, as Doomad Daid on Annumulated Engines and Drafita (EOD) of Foreign Corneration	· (continued)

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

	(e) Taxes related to previously taxed Ear (see illistractions)									
	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
С										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Schedule E (Form 5471) (Rev. 12-2021)

13-1845455

Current Earnings and Profits

Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Internal Revenue Service		
Name of person filing Form 5471	Identifying number	
INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTER	RN HEMISPHERE REGION	13-1845455
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
FOS FEMINISTA CANADA		1066664-5

SCHEDULE H

(Form 5471)

(Rev. December 2021)

Department of the Treasury

MPC	PRTANT: Enter the amounts on lines 1 through 5c in functional	curre	ency.				
1	Current year net income or (loss) per foreign books of account	t				1	2,793.
2	Net adjustments made to line 1 to determine current						
	earnings and profits according to U.S. financial and tax						
	accounting standards (see instructions):		Net Addi	tions	Net Subtractions		
а	Capital gains or losses	2a					
b	Depreciation and amortization	2b					
С		2c					
d	Investment or incentive allowance	2d					
е	Charges to statutory reserves	2e					
f	Inventory adjustments	2f					
g	Income taxes (see Schedule E, Part I, Section 1, line 6,						
	column (m), and Part III, line 3, column (i))	2g					
h		2h					
i	Other (attach statement)	2i					
3	Total net additions	3					
4	Total net subtractions	4					
5 a	Current earnings and profits (line 1 plus line 3 minus line 4).					5a	2,793.
	DASTM gain or (loss) for foreign corporations that use DASTI					5b	
С	Combine lines 5a and 5b and enter the result on line	e 5c	. Then enter	on lines 5	c(i), 5c(ii), and 5c(iii)(A)		
	through 5c(iii)(D) the portion of the line 5c amount	wit	h respect to	the categ	ories of income shown		
	on those lines					5c	2,793.
	(i) General category (enter amount on applicable Sci	hedu	le J, Part I,				
	line 3, column (a))			5c(i)	2,793.		
	(ii) Passive category (enter amount on applicable Sci						
	line 3, column (a))			5c(ii)			
	(iii) Section 901(j) category:						
	(A) Enter the country code of the sanctioned country	y >					
	and enter the line 5c amount with respect t	o th	ne sanctioned				
	country on this line 5c(iii)(A) and on the applic						
	Part I, line 3, column (a)			5c(iii)(A)			
	(B) Enter the country code of the sanctioned country	y >					
	and enter the line 5c amount with respect t	o th	ne sanctioned				
	country on this line 5c(iii)(B) and on the applic	cable	Schedule J,				
	Part I, line 3, column (a)			5c(iii)(B)			
	(C) Enter the country code of the sanctioned country	y >					
	and enter the line 5c amount with respect t	o th	ne sanctioned				
	country on this line 5c(iii)(C) and on the applic	cable	Schedule J,				
	Part I, line 3, column (a)			5c(iii)(C)			
	(D) Enter the country code of the sanctioned country						
	and enter the line 5c amount with respect t						
	country on this line 5c(iii)(D) and on the applic						
	Part I, line 3, column (a)			5c(iii)(D)			
d	Current earnings and profits in U.S. dollars (line				age exchange rate, as		
	defined in section 989(b)(3) and the related regulations (see					5d	2,185.
е	Enter exchange rate used for line 5d				1.2781020		
	<u> </u>						

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

Identifying number

SCHEDULE I-1 (Form 5471)

Information for Global Intangible Low-Taxed Income

(Rev. December 2021)

Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

► Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

mame d	person liling Form 547 i			identifying number	
INTE	RNATIONAL PLANNED PARENTHOOD FEDERATION WEST	ΓERN	HEMISPHERE REGION	13-184545	55
Name o	of foreign corporation	IN (if any)	Reference ID num	ber (see instructions)
FOS	FEMINISTA			1066664-5	
CANA	D § eparate Category (Enter code - see instructions.)			▶GEN	Г
			Functional Currency	Conversion Rate	U.S. Dollars
1	Gross income (see instructions if cost of goods sold exceed gross				
	receipts)	. 1	2,932.		
2	Exclusions (see instructions if cost of goods sold exceed gross receipts)			
а	Effectively connected income 2a				
b	Subpart F income 2b				
С	High-tax exception income per section				
	954(b)(4) 2c				
d	Related party dividends 2d				
е	Foreign oil and gas extraction income 2e				
3	Total exclusions (combine lines 2a through 2e)	. 3			
4	Gross income less total exclusions (line 1 minus line 3) (see	•			
	instructions)	4	2,932.		
5	Deductions properly allocable to amount on line 4	. 5	139.		
6	Tested income (loss) (line 4 minus line 5) (see instructions)	. 6	2,793.	1.2781000	2,185.
7	Tested foreign income taxes	. 7		1.2781000	
8	Qualified business asset investment (QBAI)	. 8		1.2781000	
9 a	Interest expense included on line 5 9a				
b	Qualified interest expense 9b				
С	Tested loss QBAI amount 9c				
d	Tested interest expense (line 9a minus the sum of line 9b and line				
	9c). If zero or less, enter -0-	9d			
10 a	Interest income included in line 4 10a				
b	Qualified interest income				
С	Tested interest income (line 10a minus line 10b). If zero or less,				
	enter -0	. 10c			
Ear Da	porwark Paduction Act Natica, saginstructions			Cabadula I 1 /Fai	m 5471) (Pov. 12-2021

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

13-1845455

SCHEDULE J (Form 5471)

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

(Rev. December 2020) Department of the Treasury Internal Revenue Service

Name of person filing Form 5471

► Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Identifying number

	INTERNATIONAL PLANNED PARENTHOOD FE	DERATION WESTER	RN HEMISPHERE RE	EGION	1	3-1845455	
Name	of foreign corporation			EIN (if any)	Re	ference ID number (see instruc	tions)
F	OS FEMINISTA CANADA				10	66664-5	
а	Separate Category (Enter code - see instructions.)					▶ GE	N
	If code 901j is entered on line a, enter the country						
Part							
	Check the box if person filing return does not have	all U.S. shareholders	' information to compl	ete an amount in colu	mn (e) (see instructi	ons).	
Impo	rtant: Enter amounts in functional currency.	(a)	(b)	(c)	(d)	(e) Previously Taxed	E&P (see instructions)
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	Hovering Deficit ar Deduction for Suspended Taxes	(i) Reclassified section	(ii) Reclassified section 965(b) PTEP
1a	Balance at beginning of year (as reported on prior						
	year Schedule J)	52,121.					
b	Beginning balance adjustments (attach statement)						
С	Adjusted beginning balance (combine lines 1a and 1b)						
2a	Reduction for taxes unsuspended under anti-splitter rules						
b	Disallowed deduction for taxes suspended under						
	anti-splitter rules						
3	Current year E&P (or deficit in E&P) (enter amount						
	from applicable line 5c of Schedule H)	2,793.					
4	E&P attributable to distributions of previously taxed						
	E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
b	Reclassify deficit in E&P as hovering deficit after						
	nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines						
	1c through 6)	54,914.					
8	Amounts reclassified to section 959(c)(2) E&P from						
	section 959(c)(3) E&P						
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from						
	section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property						
	and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed post-						
	transaction E&P (see instructions)						
	Balance at beginning of next year (combine lines 7 through 13)	54,914.					
For P	aperwork Reduction Act Notice, see the Instructi	ons for Form 5471.				Schedule J (Fo	rm 5471) (Rev. 12-2020)

13-1845455

Accumulated E&P of Controlled Foreign Corporation (continued)

			(e) Previously Taxed E8	&P (see instructions)	
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified secti	on 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a						
b						
С						
2a						
b						
3						
4						
5a						
b						
6						
7						
8						
9						
10						
11						
12						
13						
14		(-) D	D (itti)			
	<i>(viii)</i> Section 951A PTEP	(e) Previously Taxed E&		(x) Sec	ction 951(a)(1)(A) PTEP	(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a						52,121.
b						
С						
2a						
b						
3						2,793.
4						
5a						
b						
6						
7						54,914.
8						
9						
10						
11						
12						
13						54 914
14				1		54 914

Schedule J (Form 5471) (Rev. 12-2020)

Part	Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))		
mpor	tant: Enter amounts in functional currency.		
1	Balance at beginning of year	1	
2	Additions (amounts subject to future recapture)	2	
3	Subtractions (amounts recaptured in current year)	3	
4	Balance at end of year (combine lines 1 through 3)	4	

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M (Form 5471)

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

(Rev. December 2021)
Department of the Treasury

Attach to Form 5471.

OMB No. 1545-0123

illemai Nevenue Service	Co to www.iis.gov/i crinic4/ i for institu	actions and the latest information.		
Name of person filing Form 54	71		Identifying	number
INTERNATIONAL PLANNED P	ARENTHOOD FEDERATION WESTERN HEMISPHERE REGION		13-184545	55
Name of foreign corporation		EIN (if any)	Reference	ID number (see instructions)
FOS FEMINISTA CANADA			1066664-5	5

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S shareholder of any corporation controlling the foreign corporation
Sales of stock in trade (inventory)					
Sales of tangible property other					
than stock in trade					
Sales of property rights (patents,					
trademarks, etc.)					
Platform contribution transaction					
payments received					
Cost sharing transaction pay-					
ments received					
Compensation received for technical, managerial, engineering, construction, or like services					
Commissions received					
Rents, royalties, and license fees received					
Hybrid dividends received (see instructions)					
Dividends received (exclude hybrid dividends, deemed distributions					
under subpart F, and distributions of previously taxed income)					
Interest received					
Premiums received for insurance					
or reinsurance					
Loan guarantee fees received					
Other amounts received (attach statement)					
Add lines 1 through 14					
Purchases of stock in trade (inventory)					
Purchases of tangible property					
other than stock in trade					
Purchases of property rights					
(patents, trademarks, etc.)					
Platform contribution transaction					
payments paid					
Cost sharing transaction payments paid					
Compensation paid for tech-					
nical, managerial, engineering,					
construction, or like services					
Commissions paid					
Rents, royalties, and license fees paid					
Hybrid dividends paid (see instructions)					
Dividends paid (exclude hybrid					
dividends paid)					
Interest paid					
Premiums paid for insurance or reinsurance					
Loan guarantee fees paid					
Other amounts paid (attach statement).					
Add lines 16 through 29					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

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Page 2

Name of person filing Form 5471 Identifying number (e) 10% or more U.S. shareholder of (f) 10% or more U.S. shareholder of any (d) Any other foreign corporation or partnership controlled (c) Any domestic (a) Transactions (b) U.S. person corporation or partnership controlled controlled foreign of foreign corporation corporation corporation (other than the U.S. person filing this return) filing this return by U.S. person filing this return by U.S. person filing this return controlling the foreign corporation 31 Accounts Payable 32 Amounts borrowed (enter the maximum Ioan balance during the year) - see 33 Accounts Receivable ${\bf 34}\;$ Amounts loaned (enter the maximum loan balance during the year) - see instructions

Schedule M (Form 5471) (Rev. 12-2021)

SCHEDULE P (Form 5471)

Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

(Rev. December 2020)

Department of the Treasury Internal Revenue Service

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name	of person filing Form 5471			Identifying nu	mber
INT	ERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION			13-184	5455
lame o	f U.S. shareholder			Identifying nu	mber
INTE	RNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION			13-184	5455
lame o	f foreign corporation	EIN (if any)		Reference ID	number (see instructions)
FOS	FEMINISTA CANADA			1066664-5	
а	Separate Category (Enter code - see instructions.)			> _ G	EN
	If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)				
Part	Previously Taxed E&P in Functional Currency (see instructions)				
		(a) Reclassified section 965(a) PTEP	Reclass	(b) ified section b) PTEP	(c) General section 959(c)(1) PTEP
1a	Balance at beginning of year (see instructions)				
b	Beginning balance adjustments (attach statement)				
С	Adjusted beginning balance (combine lines 1a and 1b)				
2	Reduction for taxes unsuspended under anti-splitter rules				
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation	on			
4	Previously taxed E&P carried over in nonrecognition transaction				
5	Other adjustments (attach statement)				
6	Total previously taxed E&P (combine lines 1c through 5)				
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P				
8	Actual distributions of previously taxed E&P				
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (se instructions)				
11	Other adjustments (attach statement)				
12	Balance at beginning of next year (combine lines 6 through 11)				
or Pa	perwork Reduction Act Notice, see instructions.			Schedule P	(Form 5471) (Rev. 12-2020

Schedule P (Form 5471) (Rev. 12-2020)

Part I	Previously Taxed E&P in Functional Currency (see instructions) (continued)									
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total		
1a										
b										
с										
_ 2										
3										
4										
5										
6										
7										
8										
9										
10										
12										

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
с	Adjusted beginning balance (combine lines 1a and 1b)			
_ 2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
_ 7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part	Previously Taxe	ed E&P in U.S. Dolla	rs (continued)					
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
с								
2								
3								
4								
_ 5								
6								
7								
_ 8								
9								
10								
11								
12								

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE Q (Form 5471)

(December 2020)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471							Identifying nur	nber
INTERNATIONAL PLANNE	D PAR	ENTHOOD FEDERAT	CION WESTERN HEN	MISPHERE REG	GION		13-18454	:55
Name of foreign corporation					EIN (if any)		Reference ID r	number (see instructions)
FOS FEMINISTA							1066664-5	
Complete a separate Schedule Q with resp	ect to e	ach applicable catego	ory of income (see instr	uctions).				_
A Enter separate category code with r	espect	to which this Schedul	e Q is being complete	d (see instruction	s for codes)		. DEN	
B If category code "PAS" is entered or	n line A,	enter the applicable	grouping code (see ins	tructions)			. •	
Complete a separate Schedule Q for U.S.	source ir	ncome and foreign sou	rce income.					
C Indicate whether this Schedule Q is	being co	ompleted for:	J.S. source income or	Foreign	source income			
Complete a separate Schedule Q for FOGEI	or FORI	income.						
D If this Schedule Q is being complete	d for FC	GEI or FORI income,	check this box					
Enter amounts in functional currency	(i)	(ii)	(iii)	(iv)	(v)		(vi)	(vii)
of the foreign corporation (unless	Country	Gross Income	Definitely Related	Related Person	n Other Interest	Research	& Experimental	Other Expenses
otherwise noted).	Code		Expenses	Interest Expens	se Expense	E	penses	(attach schedule)
Subpart F Income Groups								
a Dividends, Interest, Rents, Royalties,								
& Annuities (Total)								
(1) Unit name ▶								
(2) Unit name								
b Net Gain From Certain Property								
Transactions (Total)								
(1) Unit name ▶								
(2) Unit name								
c Net Gain From Commodities								
Transactions (Total)								
(1) Unit name ►								
(2) Unit name ▶								
d Net Foreign Currency Gain (Total)								
(1) Unit name ►								
(2) Unit name ▶								
e Income Equivalent to Interest (Total)								
(1) Unit name ►								
(2) Unit name ▶								
f Foreign Base Company Sales								
Income (Total)								
(1) Unit name ▶								
(2) Unit name ▶								
Impartant, Con Computer Congreted Cohod	ula O in	inatrustiana						

Important: See Computer-Generated Schedule Q in instructions.

For Paperwork Reduction Act Notice, see instructions.

JSA

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Schedule Q (Form 5471) (12-2020) Page 2

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
_a									
(1)									
(2)_									
b									
(1)									
(2)									
_ C									
(1)									
(2)_									
<u>d</u>									
(1)									
(2)									
•									
<u>e</u> (1)									
(2)									
__/_/									
f									
(1)									
(2)	nt: Soo Computer Conor								

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020) Page 3

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
i Insurance Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
j International Boycott Income							
k Bribes, Kickbacks, and Other							
Payments							
I Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		2,932.	139.				
(1) Unit name FOS FEMI CA	CA	2,932.	139.				
(2) Unit name							
4 Residual Income Group (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
5 Total		2,932.	139.				

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
_g									
(1)									
(2)_									
<u>h</u>									
(1)									
(2)_ _ i									
(1)									
(2)									
<u>\</u> j									
k									
ı									
2									
3				2,793.					
(1)				2,793.					
(2)									
4									
(1)									
(2)									
5				2,793.					

Important: See Computer-Generated Schedule Q in instructions.

SCHEDULE R (Form 5471) (December 2020)

Distributions From a Foreign Corporation

Attach to Form 5471.

OMB No. 1545-0123

(Decen	nber 2020)	► Attach to Form 5	471.	1	0.112 1.10: 10:10 0:120
Depart	ment of the Treasury I Revenue Service	► Go to www.irs.gov/Form5471 for instruction	ons and the latest information		
			ma anu me iateat illivilliation.		
Name	of person filing Form s	04/1		Identifying number	
INTER	RNATIONAL PLANNED	PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION		13-1845455	
	of foreign corporation	,,,	EIN (if any)		per (see instructions)
					()
FOS F	EMINISTA CANADA			1066664-5	
		(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional current	(d) Amount of E&P distribution in foreign corporation's ty functional currency
1	NONE				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
23					
24					

For Paperwork Reduction Act Notice, see instructions. JSA $^{1\times1654}1_{99}^{1.009}3\text{TN}$ 702V 08/04/202

Schedule R (Form 5471) (12-2020)

702V 08/04/2022 17:44:16 V21-6F

8992

(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

OMB No. 1545-0123

Attachment Sequence No. **992**

► Go to www.irs.gov/Form8992 for instructions and the latest information.

Name of p	erson filing this return	A Identifying numb	per
INTERNAT	IONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION	13-1845455	
Name of U	J.S. shareholder	B Identifying numb	per
INTER	NATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION	13-1845455	
Part I	Net Controlled Foreign Corporation (CFC) Tested Income		
1 St	ım of Pro Rata Share of Net Tested Income		
lf	the U.S. shareholder is not a member of a U.S. consolidated group, enter the total		
fro	om Schedule A (Form 8992), line 1, column (e).	1	2,793.
lf	the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		
fro	om Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder. ${\cal J}$		
2 Su	ım of Pro Rata Share of Net Tested Loss		
If	the U.S. shareholder is not a member of a U.S. consolidated group, enter the total		
fro	om Schedule A (Form 8992), line 1, column (f).	2	(
If	the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		
fro	om Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder. $m{\mathcal{J}}$		
3 Ne	et CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here		2,793.
Part II	Calculation of Global Intangible Low-Taxed Income (GILTI)		
1 Ne	et CFC Tested Income. Enter amount from Part I, line 3	1	2,793.
2 De	eemed Tangible Income Return (DTIR)		
lf	the U.S. shareholder is not a member of a U.S. consolidated group, multiply the		
to	tal from Schedule A (Form 8992), line 1, column (g), by 10% (0.10).	> 2	
lf	the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		
fro	om Schedule B (Form 8992), Part II, column (i), that pertains to the U.S. shareholder. ${\cal J}$		
3a Su	ım of Pro Rata Share of Tested Interest Expense		
If	the U.S. shareholder is not a member of a U.S. consolidated		
_	pup, enter the total from Schedule A (Form 8992), line 1,		
	the U.S. shareholder is a member of a U.S. consolidated		
	pup, leave line 3a blank.		
b Su	ım of Pro Rata Share of Tested Interest Income		
	the U.S. shareholder is not a member of a U.S. consolidated		
•	oup, enter the total from Schedule A (Form 8992), line 1,		
	the U.S. shareholder is a member of a U.S. consolidated		
gro	pup, leave line 3b blank.		
•	pecified Interest Expense		
	the U.S. shareholder is not a member of a U.S. consolidated group, subtract line		
	from line 3a. If zero or less, enter -0	> 30	
	the U.S. shareholder is a member of a U.S. consolidated group, enter the amount		
	om Schedule B (Form 8992), Part II, column (m), that pertains to the U.S. shareholder.		
	et DTIR. Subtract line 3c from line 2. If zero or less, enter -0-	<u>4</u>	
5 GI	LTI. Subtract line 4 from line 1	5	2,793.

JSA

SCHEDULE A (Form 8992)

(December 2021) Department of the Treasury Internal Revenue Service

Name of person filing this schedule

Schedule of Controlled Foreign Corporation (CFC) Information To Compute **Global Intangible Low-Taxed Income (GILT)**

▶ Go to www.irs.gov/Form 8992 for instructions and the latest information.

OMB No. 1545-0123

Attachment

A Identifying number

13-1845455

Sequence No. 992A

Name of U.S. shareho	older							B Identif	ying number			
INTERNATIONAL PLAN	NED PARENTHOO	DD FEDERATION WE	ESTERN HEMISPHERE	REGION				13-	1845455			
			Calculations for Net Tested Income (see instructions)							Tested I	GILTI Allocated to Tested Income CFCs (see instructions)	
(a) Name of CFC	(b) EIN or Reference ID	(c) Tested Income	(d) Tested Loss	(e) Pro Rata Share of Tested Income	(f) Pro Rata Share of Tested Loss	(g) Pro Rata Share of Qualified Business Asset Investment (QBAI)	(h) Pro Rata Share of Tested Loss QBAI Amount	(i) Pro Rata Share of Tested Interest Income	(j) Pro Rata Share of Tested Interest Expense	(k) GILTI Allocation Ratio (Divide Col. (e) by Col. (e), Line 1 Total)	(I) GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))	
OS FEMINISTA CANADA	FOREIGNUS	2,793.	()	2,793.	()	()			1.0000	2,793	
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			())	()	()					
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1. Totals (see instru			()	2,793.	(()			1.0000	2,793	

Totals on line 1 should include the totals from any continuation sheets.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION

For Paperwork Reduction Act Notice, see Instructions for Form 8992.

Schedule A (Form 8992) (Rev. 12-2021)

5471

(Rev. December 2021)

Department of the Treasury

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01 / 01 / 2021 and ending 12 / 31 / 2021

OMB No. 1545-0123

Attachment Sequence No. 121

unless otherwise indicated. 1a Name and address of foreign corporation INNOVA HEALTH SUPPLIES, S.A. BUIDING 1001, CLAYTON PANAMA CITY, PM d Date of incorporation e Principal place of business f Principal business activity code number grving Services grving Services 3 Name, address, and identifying number of branch office or agent (if any) in the United States c Name and address of foreign corporation's statutory or resident agent in country of incorporation d Name and address (including or persons) with custody of the boothe location of such books and in the loca	instructions. 2 3 1 ntage of the he end of its	4 5a	hle hov(es)	
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 125 MATDEN LANE, 9TH FL, City or town, state, and ZIP code NY 10038 C Enter the total percordstock you owned at Stock box if this is a final Form 5471 for the foreign corporation on this form (see instructions)	instructions. 2 3 1 ntage of the he end of its	. Check applica	hle hov(es)	
125 MAIDEN LANE, 9TH FL, 1a 1c 1	2 3 antage of the he end of its	4 5a	hle hov(es)	
City or town, state, and ZIP code NEW YORK NY 10038 C Enter the total percostock you owned at Filer's tax year beginning 01/01/2021 D Check box if this is a final Form 5471 for the foreign corporation E Check if any excepted specified foreign financial assets are reported on this form (see instructions). E Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40 G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions). H Person(s) on whose behalf this information return is filed: (1) Name (2) Address (3) Identify the person of the information in the information in the person of the information in the information in the person of the information in	ntage of the		.bie box(es).	.):
Filer's tax year beginning 01/01/2021 and ending 12/31/2021 D Check box if this is a final Form 5471 for the foreign corporation saccounting period stated above. C If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions)	he end of its	foreign corpora	5b 5c	:
Filer's tax year beginning 01/01/2021				
D Check box if this is a final Form 5471 for the foreign corporation E Check if any excepted specified foreign financial assets are reported on this form (see instructions)		annual accour	nting period	16.67 %
E Check if any excepted specified foreign financial assets are reported on this form (see instructions)				
F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40		<u>.</u>	· · · · · ·	
G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions)		<u></u>		🔲
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(b) Number of		d and outstandi	ing	
(a) Description of each class of stock (i) Beginning of annual	hares issued	(ii) En	d of annual	
accounting period	hares issued	accour	nting period	
COMMON 10,	hares issued		10	0,000
				_

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1X1660 1.000

Page 2 Form 5471 (Rev. 12-2021)

Schedule B Shareholders of Fo	oreign C	orporation			
Part I U.S. Shareholders of Fo	oreign C	orporation (see instructions)			
		Description of each class of stock held by	(c) Number of	(d) Number of	(e) Pro rata share
(a) Name, address, and identifying	s	hareholder. Note: This description should	shares held at	shares held at	of Subpart F
number of shareholder		match the corresponding description	beginning of annual		income (enter as
		entered in Schedule A, column (a).	accounting period	accounting period	a percentage)
OS FEMINISTA		COMMON	2,000	1,667	
25 MAIDEN LANE, 9TH FLOOR					
IEW YORK, NY 10038					
13-1845455					16.67%
2 1040400					10.070
Part Direct Shareholders of	Foreign	Corporation (see instructions)			
		· · · · · · · · · · · · · · · · · · ·		(c) Number of	(d) Number of
(a) Name, address, and identifying number of sh Also, include country of incorporation		(b) Description of each class of stock held be Note: This description should match the or	•	shares held at	shares held at
or formation, if applicable.		description entered in Schedule A, col		beginning of annual	end of annual
				accounting period	accounting period
SEE STATEMENT 1					
SEE STATEMENT I					

Schedule B Shareholders of Foreign Corporation

Page 2 Form 5471 (Rev. 12-2021)

Part I U.S. Shareholders of Fo	(b)	Description of each class of stock held by	(c) Number of	(d) Number of	(e) Pro rata share
(a) Name, address, and identifying		shareholder. Note: This description should	shares held at	shares held at	of Subpart F
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Part Direct Shareholders of	Foreign	Corporation (and instructions)			
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(a) Name, address, and identifying number of sh Also, include country of incorporation	nareholder.	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
(a) Name, address, and identifying number of sh Also, include country of incorporation	nareholder.	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual
(a) Name, address, and identifying number of sh Also, include country of incorporation	nareholder.	(b) Description of each class of stock held Note: This description should match the	corresponding	shares held at beginning of annual	shares held at end of annual

Form 5471 (Rev. 12-2021) Page **3**

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

				Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a		
	b	Returns and allowances	1b		
	С	Subtract line 1b from line 1a	1c		
	2	Cost of goods sold	2		
	3	Gross profit (subtract line 2 from line 1c)	3		
4	4	Dividends	4		
Ē	5	Interest	5		
Income	6a	Gross rents	6a		
=	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8a	Foreign currency transaction gain or loss - unrealized	8a		
	b	Foreign currency transaction gain or loss - realized	8b		
	9	Other income (attach statement) SEE STATEMENT 1	9		
	10	Total income (add lines 3 through 9)	10		
	11	Compensation not deducted elsewhere	11		
	12 a	Rents	12a		
	b	Royalties and license fees	12b		
ns	13	Interest	13		
cţio	14	Depreciation not deducted elsewhere	14		
Deductions	15	Depletion	15		
De	16	Taxes (exclude income tax expense (benefit))	16		
	17	Other deductions (attach statement - exclude income tax expense			
		(benefit))	17		
	18	Total deductions (add lines 11 through 17)	18		
	19	Net income or (loss) before unusual or infrequently occurring items,			
Net Income		and income tax expense (benefit) (subtract line 18 from line 10)	19		
00	20	Unusual or infrequently occurring items	20		
=	21 a	Income tax expense (benefit) - current	21a		
Se	b	Income tax expense (benefit) - deferred	21b		
	22	Current year net income or (loss) per books (combine lines 19 through 21b) .	22		
Other Comprehensive Income	23 a	Foreign currency translation adjustments	23a		
ens ne	b	Other	23b		
Other prehei ncom	С	Income tax expense (benefit) related to other comprehensive income	23c		
בַּבַּ	24	Other comprehensive income (loss), net of tax (line 23a plus line 23b			
ပိ		less line 23c)	24		

Form 5471 (Rev. 12-2021) Page 4

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets			(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1		
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	()	()
3	Derivatives	3		
4	Inventories	4		
5	Other current assets (attach statement) SEE .STATEMENT . 2	5		
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	()	()
10 a	Depletable assets	10a		
b	Less accumulated depletion	10b	()	()
11	Land (net of any amortization)	11		
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs	12b		
С	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	()
13	Other assets (attach statement)	13		
14	Total assets	14		
	Liabilities and Shareholders' Equity			
15	Accounts payable	15		
16	Other current liabilities (attach statement)	16		
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement)	19		
20	Capital stock:			
а	Preferred stock	20a		
b	Common stock	20b		
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22		
23	Less cost of treasury stock	23	()	()
24	Total liabilities and shareholders' equity	24		

Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		
	If "Yes," see the instructions for required statement.		
2	During the tax year, did the foreign corporation own an interest in any trust?		
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from		
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign		
	branches (see instructions)?		
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion		
	payment made or accrued to the foreign corporation (see instructions)?		
	If "Yes," complete lines 4b and 4c.		
b	Enter the total amount of the base erosion payments		
	Enter the total amount of the base erosion tax benefit		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not		
	allowed under section 267A?		
	If "Yes," complete line 5b.		
b	Enter the total amount of the disallowed deductions (see instructions) ▶ \$		

Page 5 Form 5471 (Rev. 12-2021)

Sche	dule G Other Information (continued)		
		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with		
	respect to any amounts listed on Schedule M?		
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived		
	deduction eligible income (FDDEI) (see instructions)		
С	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer		
	included in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions)		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		
	If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in		
	which the foreign corporation was a participant during the tax year.		
8	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		
	section 1.358-6(b)(2))?		
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		
	If "Yes," go to line 9b.		
b	Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)		
	(2)(B) for the tax year		
10	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
	1.7874-12(a)(9)?		
	If "Yes," see instructions and attach statement.		
11	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
	section 1.6011-4?		
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
12	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
40	section 901(m)?		
13	foreign taxes that were previously suspended under section 909 as no longer suspended?		
14	Did you answer "Yes" to any of the questions in the instructions for line 14?		
14	If "Yes," enter the corresponding code(s) from the instructions and attach statement >		
15	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		
13	If "Yes," enter the amount		
16	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to		
. •	the current tax year (see instructions)?		
	If "Yes," enter the amount		
17a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year		
	(see instructions)?		
b	If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated		
	as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18	Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of		
	Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of		
	interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the		
	relevant term)?		
19a	Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section		
	1.385-3) during the period including the tax year and the preceding three tax years, or, during the period beginning		
	36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the		
	reporting corporation issue or refinance indebtedness owed to a related party?		
b	If the answer to question 19a is "Yes," provide the following.		
	(1) The amount of such distribution(s) and acquisition(s)		
	(2) The amount of such related party indebtedness		

Form 5471 (Rev. 12-2021) Page **6**

Schedule I Su	mmarv of Sha	reholder's Income	e From Foreian	Corporation	(see instructions)
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If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name	e of U.S. shareholder ▶international planned parenthood federation Identifying number ▶ 13-1845455				
1 a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation				
	(see instructions)	1a			
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	1b			
С	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception				
	under section 954(c)(6)	1c			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception				
	under section 954(c)(6)	1d			
е	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A).	1e			
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f			
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g			
h	Other subpart F income (enter result from Worksheet A)	1h			
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2			
3	Reserved for future use	3			
4	Factoring income	4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.				
5a	Section 245A eligible dividends (see instructions)	5a			
b	Extraordinary disposition amounts (see instructions)	5b			
С	Extraordinary reduction amounts (see instructions)	5c			
d	Section 245A(e) dividends (see instructions)	5d			
е	Dividends not reported on line 5a, 5b, 5c, or 5d	5e			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6			
				Yes	No
7a	Was any income of the foreign corporation blocked?				X
b	Did any such income become unblocked during the tax year (see section 964(b))?				X
If the	answer to either question is "Yes," attach an explanation.				
8a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign cor	porati	ion at		
	any time during the tax year (see instructions)?				
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of	the C	CFC yea	ır	
	\$ and at the end of the tax year \$ Provide an attachment detail	iling a	ny char	nges fro	om the
	beginning to the ending balances.	_		_	
С	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the	e CFC	C year		
	\$ and at the end of the tax year \$ Provide an attachment detail	iling a	ny char	nges fro	om the
	beginning to the ending balances.	-			
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instr	uction	ns) \$		

SCHEDULE P (Form 5471)

Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

(Rev. December 2020)

Department of the Treasury Internal Revenue Service

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

						_
lame o	f person filing Form 5471			Identifying nur	mber	
INTE	RNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION			13-184	5455	
lame o	f U.S. shareholder			Identifying nui	mber	
INTE	RNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION			13-1845	5455	
lame o	foreign corporation	IN (if any)		Reference ID r	number (see instructions)	
INNO	VA HEALTH SUPPLIES, S.A.			FFINNOVA		
а	Separate Category (Enter code - see instructions.)			▶ G	EN	
	If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)					-
	Previously Taxed E&P in Functional Currency (see instructions)					-
	,	(a)	/	b)	(c)	-
		Reclassified section	-	ied section	General section	
		965(a) PTEP) PTEP	959(c)(1) PTEP	
						-
1a	Balance at beginning of year (see instructions)					
- i u	balance at beginning of year (see instructions)	-				-
b	Beginning balance adjustments (attach statement)					
	beginning balance adjustments (attach statement)	•				-
•	Adjusted beginning balance (combine lines 1a and 1b)					
С	Adjusted beginning balance (combine lines to and to)					-
2	Reduction for taxes unaugnended under enti-enlitter rules					
	Reduction for taxes unsuspended under anti-splitter rules					-
•	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation	_				
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-lier foreign corporation	П				-
	Description to the total COD committee to the control of the contr					
4	Previously taxed E&P carried over in nonrecognition transaction	-				-
_	Other Breath and Attack to the state of the					
5	Other adjustments (attach statement)					_
•	Total and development FOD (combined lines As thousands 5)					
6	Total previously taxed E&P (combine lines 1c through 5)					_
_	A					
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P					_
_	A					
8	Actual distributions of previously taxed E&P					_
_						
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P					_
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see					
	instructions)					_
11	Other adjustments (attach statement)					
12	Balance at beginning of next year (combine lines 6 through 11)					
or Pa	perwork Reduction Act Notice, see instructions.			Schedule P ((Form 5471) (Rev. 12-2020	o

Schedule P (Form 5471) (Rev. 12-2020)

Part I	Previously Taxed E&P in Functional Currency (see instructions) (continued)											
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total				
1a												
b												
с												
_ 2												
3												
4												
5												
6												
7												
8												
9												
10												
12												

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
с	Adjusted beginning balance (combine lines 1a and 1b)			
_ 2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
_ 7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part	Previously Taxed E&P in U.S. Dollars (continued)											
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total				
1a												
b												
с												
2												
3												
4												
_ 5												
6												
7												
_ 8												
9												
10												
11												
12												

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE E (Form 5471) (Rev. December 2021)

Income, War Profits, and Excess Profits Taxes Paid or Accrued

► Attach to Form 5471.

OMB No. 1545-0123

Department of the Trea Internal Revenue Service	sury e			► Go to	www.irs.gov/	Form54	171 for	ins	tructions	and the	latest information.			
Name of person filing	Form 5471												Identifying	g number
INTERNATIONA	L PLANNED	PARE	NTHOOD	FEDERATION	N WESTER	N HEM	IISPI	HER	RE RE				13-18	45455
Name of foreign corpor	ation										EIN (if any)		Reference	e ID number (see instructions)
INNOVA HEALT	H SUPPLIE	s, s.	Α.										FFINN	OVA
•	• • •			,										GEN
b If code 901j	is entered on	line a,	enter the	country code for	or the sanct	tioned o	count	ry (s	see instru	ctions).			•	•
c If one of the	RBT codes is	s entere	d on line	a, enter the co	untry code 1	for the	treaty	col	untry (see	instruct	ions)		<u></u> ▶	•
Part I Taxes	for Which	a Fore	ign Tax	Credit Is Allov	wed									
Section 1 - Taxes	Paid or Accr	ued Dir	ectly by F	Foreign Corpora										
	Name	(a) of Payor I	Entity		(b) EIN or Refe ID Numb Payor Ei	er of	1	(c) suspe Taxe	pended to W		(d) or U.S. Possession /hich Tax Is Paid de - see instructions. eparate line for each.)	(e) Foreign Tax Year of F Entity to Which Tax Re (Year/Month/Day	elates	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1														
2														
3														
4														
Income Sub in the Foreigr (see instr	oject to Tax In Jurisdiction	(h If taxes ar U.S. sourd chec	re paid on ce income,	(i) Local Curre Which Tax Is (enter code - see	Payable	(in lo	x Paid	rency	y in which		(k) Conversion Rate to U.S. Dollars	(I) In U.S. Dollars (divide column (j) by column (k)))	(m) In Functional Currency of Foreign Corporation
1														
2														
3													\longrightarrow	
4														
5 Total (comb		-												
6 Total (comb	ne lines 1 thro	ough 4	of column	n (m))									<u> ▶ </u>	
Section 2 - Taxes	Deemed Paid	d by Fo	reign Cor	poration								1 (8)		
N	ame of Lower-Tie	(a) er Distribu	ting Foreign	Corporation	EIN or Refer Number of Lo Distributing Corpora	rence ID ower-Tier Foreign ation	(Eı			S. Possess	c) sion to Which Tax Is Paid s. Use a separate line for e	(d) PTEP G ach.) (enter c	roup	(e) Annual PTEP Account (enter year)
1														
2														
3														
4														
	(f) PTEP Distribut amount in function		ncy)		(g) of PTEP in the functional curre		roup				(h) of the PTEP Group Taxes to PTEP Group (USD)	to PTEP	and not Prev	i) s Properly Attributable viously Deemed Paid g)) x column (h)) (USD)
1								+						
2								+						
3								+						
4 F Total (comb	no linos 1 the	ough 1	of oak we	\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\)	rt amarint -	n Cah-	ا ماییام	= 1	line 6					
For Paperwork Red					it alliouill 0	iii Stile	uule I	1,	meo				Schodula	E (Form 5471) (Pay 12-2021)

			Taxes ie	ialeu io.	
IMPO	RTANT: Enter amounts in U.S. dollars.	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	-0-	-0-	-0-	
b	Beginning balance adjustments (attach statement)				
С	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (I)				
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)				
7	Other adjustments (attach statement)				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c				
	through 7)				
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .				
12	Other (attach statement)				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))				
14	Reserved for future use				
15	Reduction for other taxes not deemed paid				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b),				
	and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of				
	columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to				
	zero. For the remaining columns, combine lines 8 through 12	-0-	-0-	-0-	

Schedule E (Form 5471) (Rev. 12-2021) Page 3

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
INNOVA HEATLH SUPPLIES S.A		FFINNOVA
a Separate Category (Enter code - see instructions.)		▶ GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		>
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions).		▶
Schedule F-1 Tayes Paid Accrued or Deemed Paid on Accumulated Farnings and Profits	E&P) of Foreign Corporation	n (continued)

raxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
С										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Schedule E (Form 5471) (Rev. 12-2021)

13-1845455

SCHEDULE J (Form 5471) (Rev. December 2020)

Department of the Treasury

Internal Revenue Service Name of person filing Form 5471

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

► Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Identifying number

I	NTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN	HEMISPHERE REGION				13-1845455		
Name	of foreign corporation			EIN (if any)		Reference ID numb	er (see instruct	tions)
I	NNOVA HEALTH SUPPLIES, S.A.					FFINNOVA		
а	Separate Category (Enter code - see instructions.)						▶ GEI	N
	If code 901j is entered on line a, enter the country							
Part	Accumulated E&P of Controlled Foreign	Corporation						
	Check the box if person filing return does not have	all U.S. shareholders	' information to compl	ete an amount in colu	mn (e) (see instru	ctions).		
Impo	rtant: Enter amounts in functional currency.	(a)	(b)	(c)	(d)		viously Taxed	E&P (see instructions)
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	Hovering Deficit Deduction fo Suspended Tax	(i) Reclas	ssified section a) PTEP	(ii) Reclassified section 965(b) PTEP
1 a	Balance at beginning of year (as reported on prior							
	year Schedule J)							
b	Beginning balance adjustments (attach statement)							
С	Adjusted beginning balance (combine lines 1a and 1b)							
2a	Reduction for taxes unsuspended under anti-splitter rules							
b	Disallowed deduction for taxes suspended under							
	anti-splitter rules							
3	Current year E&P (or deficit in E&P) (enter amount							
	from applicable line 5c of Schedule H)	109,006.						
4	E&P attributable to distributions of previously taxed							
	E&P from lower-tier foreign corporation							
5a	E&P carried over in nonrecognition transaction							
b	Reclassify deficit in E&P as hovering deficit after							
	nonrecognition transaction							
6	Other adjustments (attach statement)							
7	Total current and accumulated E&P (combine lines							
	1c through 6)							
8	Amounts reclassified to section 959(c)(2) E&P from							
	section 959(c)(3) E&P							
9	Actual distributions							
10	Amounts reclassified to section 959(c)(1) E&P from							
	section 959(c)(2) E&P							
11	Amounts included as earnings invested in U.S. property							
	and reclassified to section 959(c)(1) E&P (see instructions)							
12	Other adjustments (attach statement)							
13	Hovering deficit offset of undistributed post-							
	transaction E&P (see instructions)							
	Balance at beginning of next year (combine lines 7 through 13)							
For P	Paperwork Reduction Act Notice, see the Instructi	ons for Form 5471.				Sc	nedule J (Fo	rm 5471) (Rev. 12-2020)

13-1845455

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Part I	Accumulated E&P of Contr	olled Fore	ign Corporation (contin	nued)			
				(e) Previously Taxed E	&P (see instructions)	
	(iii) General section 959(c)(1) PTEP	<i>(iv)</i> Recla	ssified section 951A PTEP	(v) Reclassified secti	on 245A(d) PTEP	<i>(vi)</i> Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a							
b							
С							
2a							
b							
3							
4							
5a							
b							
6							
7							
8							
9							
10							
11							
12							
13							
14							
			(e) Previously Taxed E&F	(see instructions)	T		(f)
	(viii) Section 951A PTEP		<i>(ix)</i> Section 245A	(d) PTEP	(x) Section 951(a)(1)(A) PTEP		Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1 a							
b							
С							
2a							
b							
3							
4							
5a							
b							
6							
7							
8							
9							
10							
11							
12							
13							109 006
14		1			1		1 119 1116

Schedule J (Form 5471) (Rev. 12-2020)

Part	Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))		
mpor	tant: Enter amounts in functional currency.		
1	Balance at beginning of year	1	
2	Additions (amounts subject to future recapture)	2	
3	Subtractions (amounts recaptured in current year)	3	
4	Balance at end of year (combine lines 1 through 3)	4	

Schedule J (Form 5471) (Rev. 12-2020)

NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER.	DESCRIPTION OF EACH CLASS OF STOCK HELD BY SHAREHOLDER.	NUMBER OF SHARES HELD AT BEGINNING OF ANNUAL ACCOUNTING PERIOD	NUMBER OF SHARES HELD AT END OF ANNUAL ACCOUNTING PERIOD	
FOS FEMINISTA 125 MAIDEN LANE, 9TH FLOOF NEW YORK, NY 10038		200		67
13-1845455	COMMON	2,00	1,60	b/
CIES SALUD SEXUAL Y SALUD REPRODUCTIVE (CIES), ONG	COMMON	2,00	00 1,66	67
ASSOCIACION PRO BIENESTAR DE LA FAMILIA DE GUATEMAL (APROFAM)		2,00	00 1,60	67
(PROFAMILIA), ASSOCIACION DEBIDAMENTE REGISTRADA EN REPUBLICA DE				
DOMINCANA ASSOCIACION DE PLANIFICACION FAMILIAR	COMMON	2,00	1,66	67
(PLAFAM)	COMMON	2,00	00 1,60	67
RFSU	COMMON	2,00	1,6	67

Form **8865**

Department of the Treasury

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

Attachment

► Attach to your tax return. ► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year beginning . and ending 01/01/2021 12/31/2021

OMB No. 1545-1668

Internal Revenue Service Sequence No. 865 Name of person filing this return Filer's identification number INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION 13-1845455 Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): Х 01/01/2021 12/31/2021 B Filer's tax year beginning and ending Other \$ Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Constructive Category 1 Category 2 G1 Name and address of foreign partnership 2(a) EIN (if any) 2(b) Reference ID number (see instructions) IPPFWHR-STEPSTONE STEPSTONE SECONDARY OPPORTUNITIES IV OFFSHORE 3 Country under whose laws organized C/O STEPSTONE GROUP LP 855 THIRD AVENUE 17TH FL NEW YORK, NY 10022 5 Principal place of Principal business 4 Date of 6 Principal business 8a Functional currency 8b Exchange rate organization business activity code number activity (see instructions) USD 05/03/2019 523900 INVESTING LU 1.000000000000 Provide the following information for the foreign partnership's tax year: Name, address, and identification number of agent (if any) in the 2 Check if the foreign partnership must file: **United States** Form 8804 Form 1042 Form 1065 Service Center where Form 1065 is filed: 3 Name and address of foreign partnership's agent in country of 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different organization, if any 5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions X No If "Yes," enter the total amount of the disallowed deductions 6 Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Х No Yes 7 Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? ▶ LIMITED PARTNERSHIP 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Does this partnership meet both of the following requirements? 11 1. The partnership's total receipts for the tax year were less than \$250,000. X No 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.

JSA

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Form **8865** (2021)

51

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2021) Page **2**

1 01111 00	100 (2021)										i age 🛋
12 a		of this Form 8865 claimints listed on Schedule N?	-	derived intangible					respect	to ▶ Yes	No
b	from trans	nter the amount of gross i actions with or by the fore come (FDDEI)	eign partnersh	nip that the filer in	ncluded in its co	mputatio	n of fo	reign-derived	d deduction	,	
С		nter the amount of gross ed in its computation of FE								he ▶	
d		nter the amount of gross in its computation of FDDEI								ler ▶	
13	Enter the r	number of foreign partners rship or of receiving a distr	subject to se	ction 864(c)(8) as	s a result of trans	sferring	all or a	portion of ar	n interest		
14	At any tim	ne during the tax year we nts of Regulations section	re any transf	ers between the	partnership and	its part	ners su	ubject to the	disclosu		X No
15 a	Were ther	e any transfers of propert I require disclosure under he amount or value of each	y or money w Regulations s	vithin a 2-year posection 1.707-3 o	eriod between thor 1.707-6? If "Ye	ne partn es," atta	ership ch a st	and any of i	its partne ntifying tl	he	X No
b	within a 2-	rtnership assume a liability year period of transferring or value of each transfer, the d	the property t ebt assumed or	o the partnership	? If "Yes," attach a s	statement	identifyi the tax tr	ing the propert reatment	y transferre	ed, ▶ Yes	
Sign Here if You're F This Form Separatel Not With	y and	penalties of perjury, I declarelief, it is true, correct, and contact of which preparer has a signature of general partner of	ny knowledge.		ncluding accompany ther than general pa	ring scheor rtner or lir	_		and to the benember) is	pest of my know based on all	vledge
Tax Retur	n. S	ignature of general partner or	r limited liability of	company member			▼ Da	ate			
Paid Bropo		Type preparer's name		Preparer's signatu	ıre		Date		Check self-emplo	」if PTIN yed	
Prepa Use C	Eirm'c	name >							Firm's EIN	>	
036 0		address >							Phone no.		
Sche		box b , enter the na interest you constr	uctively ow	n. See instruc	ctions.	Owns a	constru	mber (if a	t	Check if foreign person	Check if direct partner
										F	Para and
Sche	dule A-1	Certain Partners o	f Foreign F	Partnership (s	ee instructions	s)					
		Name		Add	iress		lde	ntification n	umber (if	any)	Check if foreign person
Scher	dule A-2	Foreign Partners	of Section	721(c) Partne	rshin (see ins	tructio	ns)				
	of foreign				U.S. taxpay		,	c if related to	Р	ercentage in	terest
pa	artner	Address		Country of organization (if any)	(if any)	umber	Ü.S.	c if related to transferor	Cap	oital	Profits
										%	%
D 1	la a a ut a				0					<u>%</u>	<u>%</u>
	dule A-3	rship have any other for Affiliation Schedu direct interest or in	le. List all	partnerships ((foreign or do	mestic			foreign	Yes partnersh	ip owns a
		Name	aneony ow	Address	i Ool.		E (if	EIN any)	To	tal ordinary ome or loss	Check if foreign partnership
										- 0	965 (2224)

	nedule B			
Cau	tion: Incl	ude only trade or business income and expenses on lines 1a through 22 below. See the in	struct	ions for more information.
	1a Gr	oss receipts or sales		
		ss returns and allowances	1c	
			2	
o		est of goods sold	3	
Income		oss profit. Subtract line 2 from line 1c		
ည		dinary income (loss) from other partnerships, estates, and trusts (attach statement)	4	
=		et farm profit (loss) (attach Schedule F (Form 1040))	5	
		et gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
		her income (loss) (attach statement)	7	
	8 To	tal income (loss). Combine lines 3 through 7	8	
s)	9 Sa	laries and wages (other than to partners) (less employment credits)	9	
tion	10 Gu	aranteed payments to partners	10	
nita		pairs and maintenance	11	
(see instructions for limitations)		d debts	12	
ns f		ent	13	
ctio		xes and licenses	14	
stru		erest (see instructions)	15	
E.		epreciation (if required, attach Form 4562)		
(se	h la	ss depreciation reported elsewhere on return	16c	
JS			17	
Deductions		epletion (Don't deduct oil and gas depletion.)	18	
걸		etirement plans, etc.		
be		nployee benefit programs	19	
۵		her deductions (attach statement)	20	
_		tal deductions. Add the amounts shown in the far right column for lines 9 through 20	21	
		dinary business income (loss) from trade or business activities. Subtract line 21 from line 8	22	
Ħ		eserved for future use	23	
Payment	24 Re	eserved for future use	24	
Ž	25 Re	eserved for future use	25	
Ба	26 Re	eserved for future use	26	
and	27 Re	eserved for future use	27	
ā		eserved for future use	28	
Тах		eserved for future use	29	
		eserved for future use	30	
Sc	hedule l			Total amount
	1	Ordinary business income (loss) (Schedule B, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3 a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement) . 3b		
	C	Other net rental income (loss). Subtract line 3b from line 3a	3с	
	4	Guaranteed _ ` ´	33	
ŝ	c	payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b	4c	
SO.	5	Interest income	5	
<u> </u>	6	Dividends and dividend equivalents: a Ordinary dividends		
	. 0	Dividends and dividend equivalents. a Ordinary dividends	6a	
Ĕ				
come		b Qualified dividends 6b		
Income (Loss)		b Qualified dividends 6b c lividend equivalents . 6c	_	
Income	7	b Qualified dividends 6b c Dividend equivalents . 6c Royalties	7	
Income	8	b Qualified dividends 6b c Dividend equivalents . 6c Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Income		b Qualified dividends 6b c Dividend equivalents . 6c Royalties	8	
Income	8	b Qualified dividends . 6b c Dividend equivalents . 6c Royalties	8	
Income	8 9 a	b Qualified dividends 6b	8 9a	
Income	8 9 a b	b Qualified dividends . 6b c Dividend equivalents . 6c Royalties	8 9a	
Income	8 9 a b c	b Qualified dividends 6b	8 9a 10	
	8 9 a b c	b Qualified dividends . 6b c Dividend equivalents . 6c Royalties	8 9a 10	
_	8 9 a b c 10 11	b Qualified dividends 6b	8 9a 10 11(2)	
_	8 9 a b c 10 11	b Qualified dividends . 6b c Dividend equivalents . 6c Royalties	8 9a 10 11(2) 12	
Deductions Income	8 9 a b c 10 11 12 13 a	b Qualified dividends . 6b 6c Royalties	8 9a 10 11(2) 12 13a 13b	

roilli e	3003 (202	1) SIEPSIONE SECONDAR	CI OPPORTUNITIES	IV OFFSHORE				raye 🕶
Sch	edule K	Partners' Distributiv	e Share Items (contil	nued)			Total amount	
. 5,	ـ 14a	Net earnings (loss) from self	f-employment			14a		
P S	b b	Gross farming or fishing inco				14b		
Self- Employ-	c	Gross nonfarm income				14c		
		Low-income housing credit (15a		
"		Low-income housing credit (15b		
詳		Qualified rehabilitation expe				15c		
Credits	d	Other rental real estate cred	dits (see instructions)	Type ▶		15d		
O	е	Other rental credits (see ins	tructions)	Type ▶		15e		
	f	Other credits (see instruction	ns)	Type ▶		15f		
<u> </u>	16	Attach Schedule K-2 (Form	8865), Partners' Distrit	outive Share Items - Inte	rnational,			
International Transactions		and check this box to indica	te you are reporting ite	ms of international tax r	elevance			
× ,	17a	Post-1986 depreciation adju	ıstment			17a		
Alternative Minimum Tax	b	Adjusted gain or loss				17b		
ta E	c	Depletion (other than oil and	l gas)			17c		
ğ in E	d	Oil, gas, and geothermal pro				17d		
절활동	ē e	Oil, gas, and geothermal pro				17e		
	T	Other AMT items (attach sta				17f		
_		Tax-exempt interest income				18a		
<u>.</u> 5		Other tax-exempt income .	18b					
Other Information	1	Nondeductible expenses.				18c		
0.1	1	Distributions of cash and ma				19a		
ī		Distributions of other proper				19b		
e	1	Investment income Investment expenses				20a 20b		
돺	1	Other items and amounts (a				200		
O	21	Total foreign taxes paid or a				21		
Sch	edule L	Balance Sheets per E	Books. (Not required	if Item H11 page 1	s answered "Y			
OO.I	oddio E			g of tax year			l of tax year	
		Assets	(a)	(b)	(c)		(d)	
1	Cash		(-)	(4)	(5)		(-)	
-		otes and accounts receivable						
		owance for bad debts						
3	Inventori	es						
4	U.S. Gov	vernment obligations						
5	Tax-exer	npt securities						
6	Other cu	rrent assets (attach statement)						
7 a	Loans to	partners (or persons related to						
	partners))						
b	Mortgage	e and real estate loans						
8	Other in	vestments (attach statement)						
	_	s and other depreciable assets						
		cumulated depreciation.			-			
		ole assets						
		cumulated depletion						
		et of any amortization)						
	_	e assets (amortizable only)						
g	Less acc	cumulated amortization	İ	1			1	

Scl	nedule L Balance Sheets per B	Books. (Not required if	ltem	H11,	page 1, is answered "Yes	.") (cont	inued)
		Beginning o	f tax ye	ear	E	End of tax	year
		(a)		(b)) (c)		(d)
13	Other assets (attach statement)						
14	Total assets						
	Liabilities and Capital						
15	Accounts payable						
16	Mortgages, notes, bonds payable in less than 1 year						
17	Other current liabilities (attach statement)						
18	All nonrecourse loans						
19 a	Loans from partners (or persons related to partners)						
b	Mortgages, notes, bonds payable in 1 year or more						
20	Other liabilities (attach statement)						
21	Partners' capital accounts						
22	Total liabilities and capital						
Sc	nedule M Balance Sheets for	Interest Allocation					
					(a)		(b)
					Beginning of tax year		End of
					tax year		tax year
1	Total U.S. assets						
2	Total foreign assets:						
	Passive category						
	General category						
C Ga	Other (attach statement)	noomo (Loss) nor Bo	oks	\// i+h	lnoomo (Loss) nor Bo	turn (N	lot required if Item
SC	H11, page 1, is answer		OKS	VVILI	i income (Loss) per Re	turn. (N	iot required ii item
	TTTT, page 1, is answer	eu 163. j	Ι				
	Not be a second discovery and be a least		6		me recorded on books this		
1	Net income (loss) per books				year not included on		
2	Income included on Schedule K,				edule K, lines 1 through 11		
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,				nize):		
	and 11, not recorded on books		a	тах-	exempt interest \$		
	this tax year (itemize):						
2	\$ Guaranteed payments (other		7		actions included on Schedule		
3	than health insurance)				nes 1 through 13d, and 21, not		
4	Expenses recorded on books				ged against book income this		
-	this tax year not included on		١,		ear (itemize): reciation \$		
	Schedule K, lines 1 through		a	Debi	reciation \$		
	13d, and 21 (itemize):						
a	Depreciation \$						
	Travel and entertainment \$		8	Δdd	lines 6 and 7		
-	Traver and emercaninon y		9		me (loss). Subtract line 8		
5	Add lines 1 through 4]		line 5		
Scl	nedule M-2 Analysis of Partners	s' Capital Accounts. (N	ot re	quire	ed if Item H11, page 1, is a	nswered	"Yes.")
1	Balance at beginning of tax year		6		ributions: a Cash		
2	Capital contributed:]		b Property		
_	a Cash • • • • •		7	Othe	er decreases (itemize): \$		
	b Property]				
3	Net income (loss) per books						
4	Other increases (itemize): \$						
			8	Add	lines 6 and 7		
			9		nce at end of tax year.		
5	Add lines 1 through 4				tract line 8 from line 5		

Page 6

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

trai	nsaction that occurred between th	e toreign partnership and	(b) Any domestic	(c) Any other foreign	(d) Any U.S. person with a
	Transactions of foreign partnership	(a) U.S. person filing this return	corporation or partnership controlling or controlled by the U.S. person filing this return	corporation or partnership controlling or controlled by the U.S. person filing this return	10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights (patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6 7	Distributions received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for technical, managerial, engineering, construction, or like services				
14	Commissions paid				
15	Rents, royalties, and license fees paid				
16	Distributions paid				
17	Interest paid				
18	Other				
<u>19</u>	Add lines 10 through 18				
20	Amounts borrowed (enter the maximum loan balance during the tax year). See instructions				
21	Amounts loaned (enter the maximum loan balance during the tax year). See instructions				
_			1	I	Form 8865 (2021)

SCHEDULE G (Form 8865)

Statement of Application of the Gain Deferral Method Under Section 721(c)

(Rev. December 2021)

Department of the Treasury

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

Name of person filing Form 8865 INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION Name of partnership Successor EIN (if any) Reference ID number (see in	er .
Name of partnership Successor EIN (if any) Reference ID number (see in	
	nstructions)
STEPSTONE SECONDARY OPPORTUNITIES IV OFFSHORE partnership	
Name of U.S. transferor (see instructions) Successor Filing year: (see instructions)	
INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION U.S. transferor Tax year of gain deferral contribution	Annual reporting
Part I Section 721(c) Property (see instructions)	
1. 2. 3. 4. 5. 6. On the date of contribution 7. Events	
Tax year of contribution Description of property Period Period Period Period Period Section 197(f)(9) property Property Section 197(f)(9) property Section	Section Section 367 transfer ion of ership
1	
2	
3	
4	
From Part I additional statement(s), if any	
Do the tiered partnership rules of Regulations section 1.721(c) - 3(d) apply to this partnership? See instructions	Yes x No
Part I, line number beginning of tax year end of tax year (b) (c) (d) (e) (c) (d) (e) Remaining built-in gain at beginning of tax year end of tax year to U.S. transferor due to acceleration event due to section to the section of	gnized
1	
2	
3	
4	
Total*	

JSA 1X1923 3.000

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule G (Form 8865) (Rev. 12-2021)

Schedule G (Form 8865) (Rev. 12-2021) IPPF WHR FUND

Part III	Allocation Pe	ercentages of Pa	artnership Items V	Vith Respect to	Section 721(c)	Property (see inst	ructions)							
		1. Income			2. Gain			3. Deduction		4. Loss				
Part I, line number	(a) U.S. transferor	(b) Related domestic partners	(c) Related foreign partners	(a) U.S. transferor	(b) Related domestic partners	(c) Related foreign partners	(a) U.S. transferor	(b) Related domestic partners	(c) Related foreign partners	(a) U.S. transferor	(b) Related dome partners	estic	(c) Related fo partne	oreign
1	%	%	%	%	%	%	%	%	%	%		%		%
2	%	%	%	%	%	%	%	%	%	%		%		%
3	%	%	%	%	%	%	%	%	%	%		%		%
4	%	%	%	%	%	%	%	%	%	%		%		%
Part IV	Allocation of	Items to U.S. T	ransferor With Re	spect to Section	n 721(c) Propert	y (see instructions	s)							
		1. Income			2. Gain			3. Deduction			4. Loss			
Part I, line number	(a) Book		(b) Tax	(a) Book		(b) Tax	(a) Book		(b) Tax	(a) Book			(b) Tax	
1 2														
3														
4														
Part V	Additional In	formation (see i	nstructions). If "Ye	⊥ es" to anv questio	on 1 through 6b l	pelow. complete S	L Schedule H.						Yes	No
		•				· · · · · · · · · · · · · · · · · · ·		721(c) - 4 or Re	gulations section	1 721(c) - 5(d))	occur with			
	-					_						1		х
									one or more s			2		Х
	-	•		•	•	` '	* **	•	one or more s	` ,		3		Х
4	During the tax y	ear, was there a	tax disposition of	` a portion of an ir	nterest in the par	tnership (as descr	ibed in Regulation	ons section 1.72	1(c) - 5(f))?			4		Х
									ubject to section					
	Regulations sec	tion 1.721(c) - 5((e))?									5		Х
									es," complete S	chedule O, inc	lude each			
	contributed prop	perty in Part I ab	ove and information	on with respect to	o the property in	Parts II - IV above	, and complete l	ine 6b				6a		Х
b	ls the gain defe	rral method app	lied with respect t	o one or more o	f such additional	section 721(c) pro	operty contributed	i?				6b		Х
7a	Was a copy	of the waiver	of treaty benefi	ts (as describe	ed in Regulation	ns section 1.72	1(c) - 6(b)(2)(ii	i)) filed with	respect to each	section 721(c) property			
	contribution to t	he section 721(c) partnership? If "	Yes," complete li	ne 7b							7a		Х
:	determined that subject to taxe all direct or in the time of the convention to	at to the best ation as incom ndirect partners ne gain deferra an exemption	of its knowled e effectively con that are relate contribution), a from U.S. incor	ge and belief, nected with the d foreign personand that neither the tax or a reconstruction.	all income frome conduct of consolid with respect on the section educed rate of	om section 7210 a trade or busing ct to the U.S. 721(c) partnersh U.S. income to	(c) property al ness within the transferor (rega nip nor any su axation on inco	located to the e United State ardless of whet och partner has ome derived fr	onable diligence, partners during s (under either s her any such p made any clai om the use of	the tax year section 871 or artner was a m under an ir section 721(c)	remained 882) for partner at ncome tax property?	7b		X
Part VI		al Information (s	()()()				•					/ D		^
	3255													

SCHEDULE H (Form 8865)

Acceleration Events and Exceptions Reporting Relating to Gain Deferral Method Under Section 721(c)

(November 2018)

Department of the Treasury
Internal Revenue Service

► Attach to Form 8865. See the Instructions for Form 8865.

• Go to www.irs.gov/Form8865 for instructions and the latest information

OMB No. 1545-1668

internal Revenue	e Service A G to WWW.ii.s.	govii oili	110000	101 11131	ucu	Olio ai	na the i	atest iiiioiiii	auon.			
	n filing Form 8865	ESTERN HE	MISPH	ERE REG	ION					's identifying -1845455	number	
Name of partne	ership						EIN (if a	.nv)	_	rence ID numl	per (see ins	tructions)
	SECONDARY OPPORTUNITIES FUND IV OFFS	SHORE LP			cesso nershi			y/		FWHR-STEPS	,	il dollorio,
Name of U.S. tr	ransferor (see instructions)				cesso trans			•	ar: (see instructions)		ual reporting	
Part I	Acceleration Event (see instruc	tions)						_				
(a) Schedule G, Part I, line number	(b) Description of eve	ent				(c) Date of		(d) Gain recogr	nized	Partne adjustn section property	rship's nent to 721(c)	(f) Partial acceleration event
Part II	Termination Event (see instruct	tions)										
(a) Schedule G, Part I, line number			De	(b) escription	of eve	ent						(c) Date of event
Part III	Successor Event (see instruction	ons)										
(a) Schedule G, Part I, Iine number	(b) Description of event			(c) Date of e	event			ss, and U.S. ta r partnership, I or U.S.	xpayer i ower-tie		upper-tier	
Dort IV	Toyohla Dianositian of a Doutie	on of on	lote	anaat in	. Do	rtnor	ahin E	Tuent (coo	inatru	otiona)		
Part IV	Taxable Disposition of a Portion	on or an	1 Inte	erest ir	1 Pa	rtner	snip E	ent (see	ınsıru	cuons)		
	(a) Description of event	(b) Date of e	event	(c) Percentag vent of partners interest disp		ip	Percer of partn	(d) Percentage of partnership nterest retained		(e) Aggregate remainir built-in gain attributed partnership interest ret		1
						_						
						-						
Part V	Section 367 Transfer Event (se	instru	ction	ne)								
T all C V	Transier Event (se		Ctioi	13)								
(a) Schedule G, Part I, Iine number	(b) Description of event			c) of event	Ga	(d) ain reco) ognized			(e) ne, address, and U.S. TIN (if any) of foreign transferee corporation (as applicable)		any)
		+						+				
Part VI	Supplemental Information (see	instruc	tions	<u></u>								
	- apprenia in ormation (000			- /								

SCHEDULE O (Form 8865)

(Rev. October 2021)

Department of the Treasury

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

Go to www.irs.gov/Form8865 for instructions and the latest information

OMB No. 1545-1668

ternal Revenue Service		GO to www.ii	s.gov/Formood	55 for instructions and				
ame of transferor					Fil	er's identifying n	umber	
		RENTHOOD FEDERA	TION WESTERN	HEMISPHERE REGION		3-1845455		
ame of foreign partners	ship			EIN (if any)	Re	ference ID numb	er (see insti	ructions)
TEPSTONE SEC	CONDARY OP	PORTUNITIE	S IV OF			IPPFWHR-S	repston	E
				efined in Regulations	section 1.72	1(c)-1T(b)(14))?	
See instruction	ons							Yes X N
b If "Yes," was t	he gain deferra	al method applie	d to avoid the	recognition of gain up	on the contribu	ition of propert	y? 🔲 ,	Yes N
	-			anticipated to be, at				
				in Regulations sectio				Yes X N
		e Under Section				,		
	1			(4)	10	,	(6)	(a)
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market on date of tr	<u> </u>	er Recover	y period Sect	(f) ion 704(c) tion method	(g) Gain recognized on transfer
sh	12/03/2021		115	,521.				
ock, notes								
eivable and								
able, and other								
curities								
entory			1					
ngible								
perty ed in trade			+					
ousiness			+					
angible								
perty								
scribed in ction 197(f)(9)								
angible property,								
er than intangible								
perty described								
section 197(f)(9)								
her								
pperty								
			+					
tals			115	521				
	neferor's ness	ontago interes		,521.	nofor ~	000//b) Aft	or the tran - 1	ior 0.00
				rship: (a) Before the tra	isiei ()	.03% (b) Afte	er transf	er 0.03
pplemental Info	imation Requ	iii eu To Be Ke	Jortea (see II	isti uctions).				
art Dispos	itions Report	able Under Se	ction 6038B					
(a)	(b)	(c)	(d)	(e)	(f) Depreciation	n /	g)	(h)
Type of	Date of	Date of	Manner of	Gain recognized	recapture	. Gain a	llocated	Depreciation recapture allocated
property	original transfer	disposition	disposition	by partnership	recognized by partnersh		artner	to partner
								•
Is any t	transfer repor	ted on this scl	nedule subjec	ct to gain recognition	n under section	on 904(f)(3) o	or	
art III section	904(f)(5)(F)?	<u> </u>	<u> </u>		<u> </u>	<u> </u>	· []	Yes X N

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

5471

(Rev. December 2021)

Department of the Treasury

Internal Revenue Service

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2021, and ending 12/31/2021

OMB No. 1545-0123

Attachment Sequence No. **121**

INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION 13-1845 Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 125 MAIDEN LANE, 9TH FLOOR City or town, state, and ZIP code NEW YORK, NY 10038 Filer's tax year beginning 01/01/2021 Check box if this is a final Form 5471 for the foreign corporation E Check if any excepted specified foreign financial assets are reported on this form (see instructions).	k applicab $X = 5a \times X$ for $X = 5a \times X$ n corporate al account	5b 5c	
125 MAIDEN LANE, 9TH FLOOR 1a X 1b 1c 2 3 4 2 City or town, state, and ZIP code NEW YORK, NY 10038 Filer's tax year beginning 01/01/2021 Check box if this is a final Form 5471 for the foreign corporation 1a X 1b 1c 2 3 4 2 C Enter the total percentage of the foreign stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual stock you	X 5a X n corporat al account	5b 5c	
City or town, state, and ZIP code NEW YORK, NY 10038 Filer's tax year beginning 01/01/2021 Check box if this is a final Form 5471 for the foreign corporation C Enter the total percentage of the foreign stock you owned at the end of its annual to the end of its annual to the foreign corporation.	n corporat al account	ion's voting	
NEW YORK, NY 10038 stock you owned at the end of its annual stock you owned at the end of its annual stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process. Stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process. Stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the foreign corporation stock you owned at the end of its annual process of the process of the process of the process of	al account	-	
Filer's tax year beginning 01/01/2021 , and ending 12/31/2021 Check box if this is a final Form 5471 for the foreign corporation		ing period	
D Check box if this is a final Form 5471 for the foreign corporation			100 %
F. Check if any excented specified foreign financial assets are reported on this form (see instructions)			
- oriest in any stoopted openined totalgri intariolal assets are reported of this form (see institutions).			
F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40			
G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions)			
H Person(s) on whose behalf this information return is filed:			
(1) Name (2) Address (3) Identifying number	(4) Chec	k applicable	box(es)
(1) Name (2) Address (3) Identifying number Sh	nareholder	Officer	Director
Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must in unless otherwise indicated.	be state	ed in U.	S. dollars
1a Name and address of foreign corporation b(1) Employer in	identificati	ion number	, if any
FOS FEMINISTA			
CALLE 34 # 14-52 b(2) Reference II	ID number	(see instru	ctions)
BOGOTA, CO			
c Country un	nder whos	e laws inco	rporated
CO			
d Date of incorporation e Principal place of business f Principal business activity code number g Principal business activity GIVING SERVICES	unctional	currency co	de
01/19/2021 CO 813000 CO	P		
2 Provide the following information for the foreign corporation's accounting period stated above.			
a Name, address, and identifying number of branch office or agent (if any) in the b If a U.S. income tax return was filed, enter:			
United States (i) Taxable income or (loss) (ii)	ii) U.S. ind	come tax pa	uid
	(after	all credits)	
c Name and address of foreign corporation's statutory or resident agent in country d Name and address (including corporate department)			
of incorporation persons) with custody of the books and records of the location of such books and records, if different	he foreign	corporatio	n, and
Schedule A Stock of the Foreign Corporation			
(b) Number of shares issued and of	outstandir	ng	
(a) Description of each class of stock (i) Beginning of annual accounting period		of annual ting period	
COMMON 100.			100.
For Paperwork Reduction Act Notice, see instructions.	Form	5471 (Re	ev. 12-2021)

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Page 2 Form 5471 (Rev. 12-2021)

Schedule B Shareholders of Fo					
Part I U.S. Shareholders of Fo		orporation (see instructions)			
		Description of each class of stock held by	(c) Number of	(d) Number of	(e) Pro rata share
(a) Name, address, and identifying	s	shareholder. Note: This description should	shares held at	shares held at	of Subpart F
number of shareholder		match the corresponding description entered in Schedule A, column (a).	beginning of annual accounting period	end of annual accounting period	income (enter as a percentage)
FOS FEMINISTA	COMMO		100.	100.	a percentage)
125 MAIDEN LANE, 9TH FLOOR	COPINO	`	100.	100.	
NEW YORK, NY 10038					
13-1845455					1.0000000000
13-1043433					1.000000000
Part Direct Shareholders of	Foreign	Corporation (see instructions)			
(a) Name, address, and identifying number of sh	nareholder.	(b) Description of each class of stock held b	v shareholder.	(c) Number of	(d) Number of
Also, include country of incorporation		Note: This description should match the co	-	shares held at	shares held at
or formation, if applicable.		description entered in Schedule A, col		beginning of annual accounting period	end of annual accounting period
FOS FEMISTA		COMMON		100.	100.
125 MAIDEN LANE, 9TH FLOOR		GOLINOI.		1001	100.
NEW YORK, NY 10038					
13-1845455 US					

Form 5471 (Rev. 12-2021) Page **3**

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

,		s for dollar approximate separate transactions method (Functional Currency	U.S. Dollars
	1a	Gross receipts or sales	1a		
	b	Returns and allowances	1b		
	С	Subtract line 1b from line 1a	1c		
	2	Cost of goods sold	2		
	3	Gross profit (subtract line 2 from line 1c)	3		
ø	4	Dividends	4		
Income	5	Interest	5		
ည	6a	Gross rents	6a		
=	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8a	Foreign currency transaction gain or loss - unrealized	8a		
	b	Foreign currency transaction gain or loss - realized	8b		
	9	Other income (attach statement) SEE . STATEMENT . 1	9	394,037,482.	98,509.
	10	Total income (add lines 3 through 9)	10	394,037,482.	98,509
	11	Compensation not deducted elsewhere	11		20,000
		Rents	12a		
		Royalties and license fees	12b		
JS	13	Interest	13		
Ē	14	Depreciation not deducted elsewhere	14		
Deductions	15	Depletion	15		
Эес	16	Taxes (exclude income tax expense (benefit))	16		
_	17	Other deductions (attach statement - exclude income tax expense			
		(benefit))SEE.STATEMENT.1.	17	407,858,495.	101,965.
	18	Total deductions (add lines 11 through 17)	18	407,858,495.	101,965.
	19	Net income or (loss) before unusual or infrequently occurring items,		10,7,000,7130.	202,7000
ne		and income tax expense (benefit) (subtract line 18 from line 10)	19	-13,821,013.	-3,455.
Net Income	20	Unusual or infrequently occurring items	20		3, -33
<u>=</u>		Income tax expense (benefit) - current	21a		
Vet		Income tax expense (benefit) - deferred	21b		
_	22	Current year net income or (loss) per books (combine lines 19 through 21b)	22	-13,821,013.	-3,455.
8		Foreign currency translation adjustments	23a	13,321,013.	3,133.
Other Comprehensive Income		Other	23b		
Other prehen ncome		Income tax expense (benefit) related to other comprehensive income			
ַסְבַּקַ	24	Other comprehensive income (loss), net of tax (line 23a plus line 23b			
Son		less line 23c)	24		
<u> </u>					

Form 5471 (Rev. 12-2021) Page 4

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1		
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	()	()
3	Derivatives	3		
4	Inventories	4		
5	Other current assets (attach statement)	5		
6	Loans to shareholders and other related persons	6		
7	Investment in subsidiaries (attach statement)	7		
8	Other investments (attach statement)	8		
9a	Buildings and other depreciable assets	9a		
b	Less accumulated depreciation	9b	()	()
10 a	Depletable assets	10a		
b	Less accumulated depletion	10b	()	()
11	Land (net of any amortization)	11		
12	Intangible assets:			
а	Goodwill	12a		
b	Organization costs	12b		
С	Patents, trademarks, and other intangible assets	12c		
d	Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	()
13	Other assets (attach statement)	13		1,135
14	Total assets	14		1,135.
	Liabilities and Shareholders' Equity			
15	Accounts payable	15		
16	Other current liabilities (attach statement)	16		
17	Derivatives	17		
18	Loans from shareholders and other related persons	18		
19	Other liabilities (attach statement)	19		4,590.
20	Capital stock:			
а	Preferred stock	20a		
b	Common stock	20b		
21	Paid-in or capital surplus (attach reconciliation)	21		
22	Retained earnings	22		-3,455.
23	Less cost of treasury stock	23	()	(
24	Total liabilities and shareholders' equity	24		1,135.
Sch	nedule G Other Information			

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		X
	If "Yes," see the instructions for required statement.		
2	During the tax year, did the foreign corporation own an interest in any trust?		Х
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from		
	their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign		
	branches (see instructions)?		X
	If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign		
	corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion		
	payment made or accrued to the foreign corporation (see instructions)?		Х
	If "Yes," complete lines 4b and 4c.		
b	Enter the total amount of the base erosion payments		
С	Enter the total amount of the base erosion tax benefit		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not		
	allowed under section 267A?		Х
	If "Yes," complete line 5b.		
b	Enter the total amount of the disallowed deductions (see instructions)		

Page 5 Form 5471 (Rev. 12-2021)

Sche	dule G Other Information (continued)		
		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with		
	respect to any amounts listed on Schedule M?		X
	If "Yes," complete lines 6b, 6c, and 6d.		
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses)		
	from transactions with the foreign corporation that the filer included in its computation of foreign-derived		
	deduction eligible income (FDDEI) (see instructions)		
С	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer		
	included in its computation of FDDEI (see instructions)		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included		
	in its computation of FDDEI (see instructions)		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
	If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in		
_	which the foreign corporation was a participant during the tax year.		
8	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a		
	shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations		3.5
_	section 1.358-6(b)(2))?		X
9a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S.		37
	transferor is required to report a section 367(d) annual income inclusion for the taxable year?		X
L	If "Yes," go to line 9b.		
b	Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d) (2)(B) for the tax year		
10	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section		
10	1.7874-12(a)(9)?		Х
	If "Yes," see instructions and attach statement.		21
11	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations		
•	section 1.6011-4?		Х
	If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
12	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		Х
13	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		Х
14	Did you answer "Yes" to any of the questions in the instructions for line 14?		X
	If "Yes," enter the corresponding code(s) from the instructions and attach statement ▶		
15	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)?		X
	If "Yes," enter the amount		
16	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to		
	the current tax year (see instructions)?		X
	If "Yes," enter the amount		
17a	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year		
	(see instructions)?		X
b	If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated		
	as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?		
18	Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of		
	Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of		
	interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the		37
40-	relevant term)?		X
19a	Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section		
	1.385-3) during the period including the tax year and the preceding three tax years, or, during the period beginning		
	36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party?		Х
h	If the answer to question 19a is "Yes," provide the following.		Λ
b	(1) The amount of such distribution(s) and acquisition(s)		
	(1) The amount of such related party indebtedness		
	(2) The amount of such related party indepted 16331. The first fir		

Form 5471 (Rev. 12-2021) Page **6**

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name	e of U.S. shareholder ▶international planned parenthood federation Identifying number ▶ 13-1845455				
1a	Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation				
	(see instructions)	1a			
b	Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	1b			
С	Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception				
	under section 954(c)(6)	1c			
d	Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception				
	under section 954(c)(6)	1d			
е	Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A).	1e			
f	Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f			
g	Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g			
h	Other subpart F income (enter result from Worksheet A)	1h			
2	Earnings invested in U.S. property (enter the result from Worksheet B)	2			
3	Reserved for future use	3			
4	Factoring income	4			
	See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.				
5a	Section 245A eligible dividends (see instructions)	5a			
b	Extraordinary disposition amounts (see instructions)	5b			
С	Extraordinary reduction amounts (see instructions)	5c			
d	Section 245A(e) dividends (see instructions)	5d			
е	Dividends not reported on line 5a, 5b, 5c, or 5d	5e			
6	Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6			
				Yes	No
7a	Was any income of the foreign corporation blocked?				Χ
b	Did any such income become unblocked during the tax year (see section 964(b))?				X
If the	answer to either question is "Yes," attach an explanation.				
8a	Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign cor	porati	ion at		
	any time during the tax year (see instructions)?				Χ
b	If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of	the C	CFC yea	ar	
	\$ and at the end of the tax year \$ Provide an attachment detai	ling a	ny cha	nges fro	m the
	beginning to the ending balances.	•	•		
С	Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the	e CF0	C year		
	\$ and at the end of the tax year \$ Provide an attachment detai	ling a	ny cha	nges fro	m the
	beginning to the ending balances.				
9	Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instr	uctior	ns) \$		

SCHEDULE E (Form 5471) (Rev. December 2021)

Income, War Profits, and Excess Profits Taxes Paid or Accrued

► Attach to Form 5471.

OMB No. 1545-0123

Departi Interna	ment of the Treasury I Revenue Service				► Go to	www.irs.gov/	Form54	171 foi	rins	structions	and the	latest information.					
Name	of person filing Form 547													Identify	ing numb	oer	
INTE	ERNATIONAL PLA	NNEC	PARE	ENTHOOD	FEDERATION	N WESTER	N HEM	IISPI	HER	RE REGI	ON			13-1	84545	55	
Name o	of foreign corporation											EIN (if any)		Referer	nce ID nu	mber (see instructions)	
FOS	FEMINISTA													FFC	OL01		
а	Separate Category	(Enter	r code -	see instru	ctions.)										▶ G	EN	
b	If code 901j is enter	ed or	n line a,	enter the	country code f	or the sanct	tioned o	count	ry (s	see instru	ctions).				•		
С	If one of the RBT co	des i	s entere	ed on line	a, enter the co	untry code t	for the	treaty	/ col	untry (see	instruct	ions)		<u>.</u>	•		
Part	Taxes for W	hich	a Fore	eign Tax	Credit Is Allov	wed											
Section	on 1 - Taxes Paid o	r Accı	rued Di	rectly by l	Foreign Corpora												
		Name	(a) e of Payor	Entity		(b) EIN or Refo ID Numb Payor E	erence per of	Uns	(c) suspe Taxe	I to \//I		(d) or U.S. Possession /hich Tax Is Paid ode - see instructions. eparate line for each.)	Entity to Which Ta			(f) Fax Year of Payor Entity Which Tax Relates Year/Month/Day)	
1	FOS FEMINISTA					FFCOL01											
2																	
3																	
4																	
	(g) Income Subject to Ta. in the Foreign Jurisdicti (see instructions)		If taxes a	h) are paid on ce income, ck box	(i) Local Curr Which Tax Is (enter code - see	Payable	(in lo	local currency		(j) x Paid or Accrued cal currency in which the tax is payable)			to U.S. Dollars (divide colu		(I) In U.S. Dollars (divide column (j) by column (k))		(m) Functional Currency Foreign Corporation
1	-13,821,0	2.			COP					NONE							
2															<u> </u>		
3																	
4																	
	Total (combine lines																
6	Total (combine lines	1 thr	ough 4	of columi	n (m))									<u> </u>			
Section	on 2 - Taxes Deeme	d Pai	d by Fo	oreign Cor	poration												
	Name of Lo	ower-Ti	(a) er Distribi	uting Foreign	Corporation	Number of Lower-Her '			S. Posses	. Possession to Which Tax Is Paid PTEP		(d) EP Group ter code)	A	(e) Annual PTEP Account (enter year)			
1																	
2																	
3																	
4																	
(enter amount in functional currency) (in fi							Amount of the PTEP Group Taxes to PTE		(i) gn Income Taxes Properly Attributable TEP and not Previously Deemed Paid mn (f)/column (g)) x column (h)) (USD)		Deemed Paid						
1									_								
2									\perp								
3									+								
4	<u> </u>				(1)												
						rt amount o	n Sche	dule	<u></u> -1,	ine 6			>				
For Pa	perwork Reduction A	ct Not	tice, see	Instruction	IS.									Schedu	ule E (For	rm 5471) (Rev. 12-2021	

13-1845455

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Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))

Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12

13 14

15 16 Schedule E (Form 5471) (Rev. 12-2021)

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)						
FOS FEMINISTA		FFCOL01						
a Separate Category (Enter code - see instructions.)		▶ GEN						
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)								
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions).								

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)

(e) Taxes related to previously taxed E&P (see instructions) (i) Reclassified (ii) Reclassified (iii) (v) Reclassified (x) Section 951(a)(1)(A) (vi) Section 965(a) (vii) Section 965(b) (viii) (ix) Section 245A(d) Reclassified General Section 951A section 965(a) PTEP section 965(b) section 959(c)(1) section 951A section 245A(d) PTEP PTEP PTEP PTEP PTEP PTEP PTEP PTEP PTEP 1a b С 2 3a b 4

Schedule E (Form 5471) (Rev. 12-2021)

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13-1845455

Current Earnings and Profits

Attach to Form 5471.

(Rev. December 2021) Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form5471 for instructions and the latest information. OMB No. 1545-0123

Name of person filing Form 5471 Identifying number INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION 13-1845455 Name of foreign corporation EIN (if any) Reference ID number (see instructions) FOS FEMINISTA

IMPORTANT: Enter the amounts on lines 1 through 5c in functional currency

SCHEDULE H

(Form 5471)

	TANT. Enter the amounts on lines 1 through 50 in lunctions	41 001110	noy.				
1	Current year net income or (loss) per foreign books of accou	nt				1	-13,821,012.
2	Net adjustments made to line 1 to determine current						
	earnings and profits according to U.S. financial and tax						
	accounting standards (see instructions):		Net Addi	tions	Net Subtractions		
а	Capital gains or losses	2a					
b	Depreciation and amortization	2b					
С	Depletion	2c					
d	Investment or incentive allowance	2d					
е	Charges to statutory reserves	2e					
f	Inventory adjustments	2f					
g	Income taxes (see Schedule E, Part I, Section 1, line 6,						
Ŭ	column (m), and Part III, line 3, column (i))	2g					
h	Foreign currency gains or losses	2h					
i	Other (attach statement)	2i					
3	Total net additions	3					
4	Total net subtractions	4					
5 a	Current earnings and profits (line 1 plus line 3 minus line 4)					5a	-13,821,012.
	DASTM gain or (loss) for foreign corporations that use DAS					5b	
	Combine lines 5a and 5b and enter the result on li	•	,				
	through 5c(iii)(D) the portion of the line 5c amour	nt wit	h respect to	the cated	ories of income shown		
	on those lines				, 	5c	-13,821,012.
	(i) General category (enter amount on applicable S	chedu	le J, Part I,				
	line 3, column (a))			5c(i)	-13,821,012.		
	(ii) Passive category (enter amount on applicable S						
	line 3, column (a))			5c(ii)			
	(iii) Section 901(j) category:						
	(A) Enter the country code of the sanctioned count	try 🕨					
	and enter the line 5c amount with respect	to th	e sanctioned				
	country on this line 5c(iii)(A) and on the app	licable	Schedule J,				
	Part I, line 3, column (a)			5c(iii)(A)			
	(B) Enter the country code of the sanctioned count						
	and enter the line 5c amount with respect	to th	e sanctioned				
	country on this line 5c(iii)(B) and on the app	licable	Schedule J,				
	Part I, line 3, column (a)			5c(iii)(B)			
	(C) Enter the country code of the sanctioned count						
	and enter the line 5c amount with respect	to th	e sanctioned				
	country on this line 5c(iii)(C) and on the app	licable	Schedule J,				
	Part I, line 3, column (a)			5c(iii)(C)			
	(D) Enter the country code of the sanctioned count						
	and enter the line 5c amount with respect	•	ie sanctioned				
	country on this line 5c(iii)(D) and on the app						
	Part I, line 3, column (a)			5c(iii)(D)			
d	Current earnings and profits in U.S. dollars (line				age exchange rate, as		
	defined in section 989(b)(3) and the related regulations (see	e instru	uctions))		<u> </u>	5d	-3,455.
е	Enter exchange rate used for line 5d			▶	4000.0000000		

For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

SCHEDULE I-1 (Form 5471)

Information for Global Intangible Low-Taxed Income

(Rev. December 2021)

Department of the Treasury Internal Revenue Service ► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

vame o	r person filing Form 5471			Identifying number				
NTERN	ATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGIO	ON		13-1845455				
lame of	f foreign corporation E	EIN (if any)	Reference ID number (see instructions)				
FOS :	FEMINISTA			FFCOL01	FFCOL01			
	Separate Category (Enter code - see instructions.)			▶ GEN				
			Functional Currency	Conversion Rate	U.S. Dollars			
1	Gross income (see instructions if cost of goods sold exceed gross receipts)		394,037,482.					
2	Exclusions (see instructions if cost of goods sold exceed gross receipts	s)						
а	Effectively connected income 2a							
b	Subpart F income 2b							
С	High-tax exception income per section							
	954(b)(4) 2c							
d	Related party dividends 2d							
е	Foreign oil and gas extraction income 2e							
3	Total exclusions (combine lines 2a through 2e)	. 3						
4	Gross income less total exclusions (line 1 minus line 3) (se	e						
	instructions)	. 4	394,037,482.					
5	Deductions properly allocable to amount on line 4	. 5	407,858,495.					
6	Tested income (loss) (line 4 minus line 5) (see instructions)	. 6	-13,821,013.	4000.0000000	-3,455.			
7	Tested foreign income taxes	. 7		4000.0000000				
8	Qualified business asset investment (QBAI)	. 8		4000.0000000				
9 a	Interest expense included on line 5 9a							
b	Qualified interest expense 9b							
С	Tested loss QBAI amount 9c							
d	Tested interest expense (line 9a minus the sum of line 9b and line							
	9c). If zero or less, enter -0-	. 9d						
10 a	Interest income included in line 4 10a							
b	Qualified interest income							
С	Tested interest income (line 10a minus line 10b). If zero or less,							
	enter -0	. 10c						

For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

13-1845455

SCHEDULE J (Form 5471) (Rev. December 2020)

Department of the Treasury

Internal Revenue Service Name of person filing Form 5471

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

► Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

I	NTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN	HEMISPHERE REGION		13-1845455					
Name	of foreign corporation			EIN (if any)	tions)				
F	OS FEMINISTA			FFCOL01					
а	Separate Category (Enter code - see instructions.)						N		
	If code 901j is entered on line a, enter the country								
Part	Accumulated E&P of Controlled Foreign	Corporation							
	Check the box if person filing return does not have	all U.S. shareholders	' information to compl	ete an amount in colu	mn (e) (see instruc	ctions).			
Impo	rtant: Enter amounts in functional currency.	(a)	(b)	(c)	(d)	(e) Previously Taxed	E&P (see instructions)		
		Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	Hovering Deficit Deduction for Suspended Tax	(i) Reclassified section	(ii) Reclassified section 965(b) PTEP		
1 a	Balance at beginning of year (as reported on prior								
	year Schedule J)								
b	Beginning balance adjustments (attach statement)								
С	Adjusted beginning balance (combine lines 1a and 1b)								
2a	Reduction for taxes unsuspended under anti-splitter rules								
b	Disallowed deduction for taxes suspended under								
	anti-splitter rules								
3	Current year E&P (or deficit in E&P) (enter amount								
	from applicable line 5c of Schedule H)	-13,821,012.							
4	E&P attributable to distributions of previously taxed								
	E&P from lower-tier foreign corporation								
5a	E&P carried over in nonrecognition transaction								
b	Reclassify deficit in E&P as hovering deficit after								
	nonrecognition transaction								
6	Other adjustments (attach statement)								
7	Total current and accumulated E&P (combine lines								
	1c through 6)	-13,821,012.							
8	Amounts reclassified to section 959(c)(2) E&P from								
	section 959(c)(3) E&P								
9	Actual distributions								
10	Amounts reclassified to section 959(c)(1) E&P from								
	section 959(c)(2) E&P								
11	Amounts included as earnings invested in U.S. property								
	and reclassified to section 959(c)(1) E&P (see instructions)								
12	Other adjustments (attach statement)								
13	Hovering deficit offset of undistributed post-								
	transaction E&P (see instructions)								
	Balance at beginning of next year (combine lines 7 through 13)	-13,821,012.							
For F	aperwork Reduction Act Notice, see the Instruction	ons for Form 5471.				Schedule J (Fo	orm 5471) (Rev. 12-2020)		

JSA 1X1665 1.000

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13-1845455

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Identifying number

Accumulated E&P of Controlled Foreign Corporation (continued)

	(e) Previously Taxed E&P (see instructions)							
	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP			i) Section 965(a) PTEP	(vii) Section 965(b) PTEP		
1a								
b								
С								
2a								
b								
3								
4								
5a								
b								
6								
7								
8								
9								
10								
11								
12								
13								
14								
		(e) Previously Taxed E8	P (see instructions)	'		(f)		
	<i>(viii)</i> Section 951A PTEP	(e) Previously Taxed E8		(x) Section 951(a	i)(1)(A) PTEP	(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))		
	<i>(viii)</i> Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c),		
1a b	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c),		
1a	(viii) Section 951A PTEP			(x) Section 951(a	i)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c),		
1a b	(viii) Section 951A PTEP			(x) Section 951(a	i)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c),		
1a b	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c),		
1a b c	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))		
1a b c 2a b	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c),		
1a b c 2a b	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))		
1a b c 2a b 3	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))		
1a b c 2a b 3 4	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) -13,821,012.		
1a b c 2a b 3 4 5a	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))		
1a b c 2a b 3 4 5a b 7	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) -13,821,012.		
1a b c 2a b 3 4 5a b 6	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) -13,821,012.		
1a b c 2a b 3 4 5a b 7	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) -13,821,012.		
1a b c 2a b 3 4 5a b 6 7 8 9 10 11	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) -13,821,012.		
1a b c 2a b 3 4 5a b 6 7 8 9 10 11 12	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) -13,821,012.		
1a b c 2a b 3 4 5a b 6 7 8 9 10 11	(viii) Section 951A PTEP			(x) Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x)) -13,821,012.		

Schedule J (Form 5471) (Rev. 12-2020)

Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))							
mpor	tant: Enter amounts in functional currency.						
1	Balance at beginning of year	1					
2	Additions (amounts subject to future recapture)	2					
3	Subtractions (amounts recaptured in current year)	3					
4	Balance at end of year (combine lines 1 through 3)	4					

Schedule J (Form 5471) (Rev. 12-2020)

SCHEDULE M (Form 5471)

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

(Rev. December 2021) Department of the Treasury Internal Revenue Service

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471

INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION

FOS FEMINISTA

EIN (if any)

Reference ID number (see instructions)

FFCOL01

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S shareholder of any corporation controlling the foreign corporation
Sales of stock in trade (inventory)				ming the retain;	
Sales of tangible property other					
than stock in trade					
Sales of property rights (patents,					
trademarks, etc.)					
Platform contribution transaction					
payments received					
Cost sharing transaction pay-					
ments received					
Compensation received for technical, managerial, engineering, construction, or like services					
Commissions received					
Rents, royalties, and license fees received					
Hybrid dividends received (see instructions)					
Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
Interest received					
Premiums received for insurance					
or reinsurance					
Loan guarantee fees received					
Other amounts received (attach statement)					
Add lines 1 through 14					
Purchases of stock in trade (inventory)					
Purchases of tangible property					
other than stock in trade					
Purchases of property rights					
(patents, trademarks, etc.)					
Platform contribution transaction					
payments paid					
Cost sharing transaction payments paid					
Compensation paid for tech-					
nical, managerial, engineering,					
construction, or like services					
Commissions paid					
Rents, royalties, and license fees paid					
Hybrid dividends paid (see instructions)					
Dividends paid (exclude hybrid					
dividends paid)					
Interest paid					
Premiums paid for insurance or reinsurance					
Loan guarantee fees paid					
Other amounts paid (attach statement)					
· · · · · · · · · · · · · · · · · · ·					

For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Page 2

Name of person filing Form 5471 Identifying number (e) 10% or more U.S. shareholder of (f) 10% or more U.S. shareholder of any (d) Any other foreign corporation or partnership controlled (c) Any domestic (a) Transactions (b) U.S. person corporation or partnership controlled controlled foreign of foreign corporation corporation corporation (other than the U.S. person filing this return) filing this return by U.S. person filing this return by U.S. person filing this return controlling the foreign corporation 31 Accounts Payable 32 Amounts borrowed (enter the maximum Ioan balance during the year) - see 33 Accounts Receivable ${\bf 34}\;$ Amounts loaned (enter the maximum loan balance during the year) - see instructions

Schedule M (Form 5471) (Rev. 12-2021)

SCHEDULE O (Form 5471)

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Name of person filing Form 5471

Name of foreign corporation

INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION

Information about Schedule O (Form 5471) and its instructions is at www.irs.gov/form5471

▶ Attach to Form 5471.

EIN (if any)

OMB No. 1545-0704

Identifying number 13-1845455

Reference ID number (see instructions)

FOS FEMINISTA							FFC01	L01			
Important: Complete a separate Sche	dule O for each fo	reign c	corporation 1	or whic	ch informati	ion mu	st be rep	ported			
Part I To Be Completed by U	J.S. Officers and	d Dire	ctors								
(a) Name of shareholder for whom acquisition information is reported		(b)	areholder		(c) Identifying nur of sharehold		Date of	d) original quisition		ate of a	e) additional equisition
Part II To Be Completed by U Note: If this return is requi of such persons and the di	red because one	or more		ers bec	ame U.S. p	ersons	s, attach	a list s	showir	ng the	names
	Section A-0	Genera	I Sharehold	der Info	ormation						
(a) Name, address, and identifying number of		shareho	lder's latest U.S	(b) S. income	e tax return file		ate:				hareholder ormation
shareholder(s) filing this schedule	(1) Type of retu (enter form nur		(2) Date return	filed	Internal Re	(3) evenue S where fi		return ι	ınder se	ection 6046 corporation	
FOS FEMINISTA 125 MAIDEN LANE, 9TH FL NEW YORK, NY 10038 13-1845455	990		11/15/2	022	IRS						
Section B-U.S	6. Persons Who A	Are Off	icers or Dir	ectors	of the For	eign C	orporat	tion		-	d)
(a) Name of U.S. officer or director		(b) Addre			Soc	(cial secu	c) irity numbe	er		heck ap	opropriate k(es)
										fficer	Director
	Section	on C—	Acquisition	of Sto	⊥ ck						
	(b)		(c)	(d)		(d) Number of		oer of sh	(e) f shares acquired		
Name of shareholder(s) filing this schedule	Class of stock acquired		Date of equisition		ethod of quisition		(1) rectly		(2) irectly	Cor	(3) nstructively
											_

20110 Mail C (1 01111 0 11 1) (1 10 11 12 12 12)						
(f) Amount paid or value given		Name and addres	(g) ss of person from who	m shares were acc	quired	
	Sectio	n D—Disposition o	of Stock			
(a)	(b)	(c)	(d)	Numbe	isposed of	
Name of shareholder disposing of stock	Class of stock	Date of disposition	Method of disposition	(1) Directly	(2) Indirectl	y (3) Constructively
(f) Amount received		Name and address o	(g) of person to whom disp	position of stock w	as made	
Section	n E—Organizatio	n or Reorganizatio	on of Foreign Co	rporation		
Name	(a) and address of transfe	eror		(b) Identifying numb	per (if any)	(c) Date of transfer
Assets tran	(d) asferred to foreign corp	poration			(e)	
(1) Description of assets	(2) Fair market va	Adjusted ba	(3) asis (if transferor was I.S. person)	Description of a securities is	ssets transfe sued by, fore	erred by, or notes or eign corporation
	Section	r F—Additional Info	ormation			

- (a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).
- **(b)** List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►
- (c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

13-1845455

SCHEDULE P (Form 5471)

Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

(Rev. December 2020)

Department of the Treasury

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

пепа	Revenue Service					
lame c	person filing Form 5471			Identifying nur	mber	_
INT	RNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION			13-184	5455	
lame o	f U.S. shareholder			Identifying nur	mber	_
INTE	RNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION			13-184	5455	
lame o	foreign corporation	EIN (if any)		Reference ID r	number (see instructions)	
TOS	FEMINISTA			FFCOL01		
а	Separate Category (Enter code - see instructions.)			> _ G:	EN	
	If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)					
	Previously Taxed E&P in Functional Currency (see instructions)					
		(a)		(b)	(c)	_
		Reclassified section		ified section	General section	
		965(a) PTEP	965(l	o) PTEP	959(c)(1) PTEP	
						_
1a	Balance at beginning of year (see instructions)					
b	Beginning balance adjustments (attach statement)					
						_
С	Adjusted beginning balance (combine lines 1a and 1b)					
2	Reduction for taxes unsuspended under anti-splitter rules					
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation	ion				
4	Previously taxed E&P carried over in nonrecognition transaction					
5	Other adjustments (attach statement)					
						_
6	Total previously taxed E&P (combine lines 1c through 5)					
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P					
8	Actual distributions of previously taxed E&P					
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P					
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see					
	instructions)					
11	Other adjustments (attach statement)					
						_
12	Balance at beginning of next year (combine lines 6 through 11)					
	perwork Reduction Act Notice, see instructions.			Schedule P (Form 5471) (Rev. 12-202	0

Schedule P (Form 5471) (Rev. 12-2020)

Part I	Previously Tax	ed E&P in Function	al Currency (see ins	tructions) (continue	d)			
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
с								
_ 2								
3								
4								
5								
6								
7								
8								
9								
10								
12								

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part II Previously Taxed E&P in U.S. Dollars

		(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
1 a	Balance at beginning of year (see instructions)			
b	Beginning balance adjustments (attach statement)			
с	Adjusted beginning balance (combine lines 1a and 1b)			
_ 2	Reduction for taxes unsuspended under anti-splitter rules			
3	Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation			
4	Previously taxed E&P carried over in nonrecognition transaction			
5	Other adjustments (attach statement)			
6	Total previously taxed E&P (combine lines 1c through 5)			
_ 7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P			
8	Actual distributions of previously taxed E&P			
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)			
11	Other adjustments (attach statement)			
12	Balance at beginning of next year (combine lines 6 through 11)			

Schedule P (Form 5471) (Rev. 12-2020)

Schedule P (Form 5471) (Rev. 12-2020)

Part	art II Previously Taxed E&P in U.S. Dollars (continued)										
	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total			
1a											
b											
с											
2											
3											
4											
_ 5											
6											
7											
_ 8											
9											
10											
11											
12											

Schedule P (Form 5471) (Rev. 12-2020)

SCHEDULE Q (Form 5471)

(December 2020) Department of the Treasury Internal Revenue Service

CFC Income by CFC Income Groups

► Attach to Form 5471.

► Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 547							Identifying nur	nber
INTERNATIONAL PLANNED PARENTHOOD FEDERATION		13-18454	55					
Name of foreign corporation					EIN (if any)		Reference ID I	number (see instructions)
FOS FEMINISTA							FFCOL01	
Complete a separate Schedule Q with resp	ect to e	ach applicable catego	ory of income (see instr	uctions).				
A Enter separate category code with r	espect t	to which this Schedul	e Q is being complete	d (see instruction	s for codes)		. ► GEN	
B If category code "PAS" is entered or	n line A,	enter the applicable	grouping code (see ins	tructions)			. ▶	
Complete a separate Schedule Q for U.S. s	source ir	ncome and foreig <u>n s</u> ou	ırce income.					
C Indicate whether this Schedule Q is	being co	ompleted for:	U.S. source income or	Foreign :	source income			
Complete a separate Schedule Q for FOGEI	or FORI	income.						
D If this Schedule Q is being complete	d for FC	GEI or FORI income,	check this box					
Enter amounts in functional currency	(i)	(ii)	(iii)	(iv)	(v)		(vi)	(vii)
of the foreign corporation (unless	Country	Gross Income	Definitely Related	Related Person		Research 8	& Experimental	Other Expenses
otherwise noted).	Code		Expenses	Interest Expens	se Expense	Exp	penses	(attach schedule)
1 Subpart F Income Groups								
a Dividends, Interest, Rents, Royalties,								
& Annuities (Total)								
(1) Unit name ▶								
(2) Unit name ▶								
b Net Gain From Certain Property								
Transactions (Total)								
(1) Unit name ▶								
(2) Unit name ▶								
c Net Gain From Commodities								
Transactions (Total)								
(1) Unit name ►								
(2) Unit name ▶								
d Net Foreign Currency Gain (Total)								
(1) Unit name ▶								
(2) Unit name ▶								
e Income Equivalent to Interest (Total)								
(1) Unit name ►								
(2) Unit name ▶								
f Foreign Base Company Sales								
Income (Total)								
(1) Unit name ►								
(2) Unit name ▶								
Important: See Computer-Generated Schedu	ulo O in	inetructione						

For Paperwork Reduction Act Notice, see instructions.

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Schedule Q (Form 5471) (12-2020) Page 2

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
а									
(1)									
(2)									
b									
(1)									
(2)									
_ C									
(1)_							\Box		
(2)_									
_									
d									
(1)									
(2)									
•									
<u>e</u> (1)									
(2)									
f									
(1)									
(2)	anti-Saa Committee Comm								

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020) Page 3

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
Subpart F Income Groups							
g Foreign Base Company Services							
Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
h Full Inclusion Foreign Base Company							
Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
i Insurance Income (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
j International Boycott Income							
k Bribes, Kickbacks, and Other							
Payments							
I Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		394,037,482.	407,858,495.				
(1) Unit name FOS FEMINISTA	CO	394,037,482.	407,858,495.				
(2) Unit name			·				
4 Residual Income Group (Total)							
(1) Unit name ▶							
(2) Unit name ▶							
5 Total		394,037,482.	407,858,495.				

Important: See Computer-Generated Schedule Q in instructions.

Schedule Q (Form 5471) (12-2020)

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	Reserved	Reserved
1									
_g									
(1)									
(2)_									
<u>h</u>									
<u>(1)</u> <u>(2)</u>									
(<u>2)</u> i									
(1)									
(2)									
j									
k									
2									
3				-13,821,013.					
(1)				-13,821,013.					
(2)									
4									
(1)									
(2)_									
5				-13,821,013.					

Important: See Computer-Generated Schedule Q in instructions.

SCHEDULE R (Form 5471)

Distributions From a Foreign Corporation

► Attach to Form 5471.

OMB No. 1545-0123

(December 2020) Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form5471 for instructions and the latest information.

Name	of person filing Form 5471	Identifying number			
	RNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE of foreign corporation		13-1845455		
		EIN (if any)	Reference ID number	(see instructions)	
FOS F	EMINISTA		FFCOL01		
	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency	
1	NONE				
2					
3					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

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Schedule R (Form 5471) (12-2020)

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FORM 5471, PAGE 3 DETAIL

	FUNC CURRENCY	US CURRENCY
SCH C, LINE 9 - OTHER INCOME		
OTHER INCOME	394,037,482.	98,509.
TOTAL	394,037,482.	98,509.
	=========	=========
SCH C, LINE 17 - OTHER DEDUCTIONS		
OTHER EXPENSE	407,858,495.	101,965.
TOTAL	407,858,495. =========	101,965. ========

FORM 5471, PAGE 4 DETAIL

	BEGINNING		ENDING	
	FUNC CURRENCY	US CURRENCY	FUNC CURRENCY	US CURRENCY
SCH F, LINE 13 - OTHER ASSETS				
OTHER ASSETS				1,135.
TOTALS				1,135.
	=========	==========	==========	========
SCH F, LINE 19 - OTHER LIABILITIES	S -			
OTHER LIABILITIES				-4,590.
TOTALS				-4,590.
	=========	=========	==========	=========

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