

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning, 2018, and ending, 20

| | | | | | |
|---|---|--|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION- WESTERN HEMISPHERE REGION | | | D Employer identification number 13-1845455 | |
| | Doing Business As | | | E Telephone number (212) 248-6400 | |
| | Number and street (or P.O. box if mail is not delivered to street address) 125 MAIDEN LANE | | Room/suite 9TH FL | | |
| | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10038 | | | | |
| F Name and address of principal officer: GISELLE CARINO 125 MAIDEN LANE, 9TH FL, NEW YORK, NY 10038 | | | G Gross receipts \$ 34,401,018. | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | | |
| J Website: WWW.IPPFWHR.ORG | | | H(c) Group exemption number ▶ | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1954 M State of legal domicile: NY | | |

Part I Summary

| | | | | |
|---|---|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: IPPF/WHR AIMS TO IMPROVE THE QUALITY OF LIFE OF INDIVIDUALS BY CAMPAIGNING FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGH ADVOCACY AND SERVICES. | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 9. |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9. |
| | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 99. |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 24. |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 73,981. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | | 26,344,396. | 29,096,927. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 300,361. | 589,653. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 181,820. | 371,798. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 26,826,577. | 30,058,378. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 15,481,244. | 15,719,957. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 8,471,968. | 8,978,281. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,869,240. | | 80,700. | 110,000. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 5,359,017. | 6,006,329. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 29,392,929. | 30,814,567. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | -2,566,352. | -756,189. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | | 95,907,101. | 89,454,688. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 25,711,877. | 23,660,750. |
| | | 70,195,224. | 65,793,938. | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|------------------------------|------------------------|------------|
| Sign Here | Signature of officer | Date |
| | CHRISTINE GARRISON CFO | 07/30/2019 |
| Type or print name and title | | |

| | | | | | |
|--|----------------------------|-------------------------|------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | ANGELO PIROZZI | | | | P00446022 |
| | Firm's name ▶ BDO USA, LLP | Firm's EIN ▶ 13-5381590 | | Phone no. 212-885-8000 | |
| Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 10017-5001 | | | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

IPPF/WHR 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. FOR MORE INFORMATION, SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,761,116. including grants of \$ 4,989,773.) (Revenue \$ 0.)

DELIVER SERVICES DIRECTLY: DELIVER RIGHTS-BASED SERVICES, INCLUDING SAFE AND LEGAL ABORTION AND HIV SERVICES. MILLIONS OF WOMEN, MEN, AND YOUNG PEOPLE AROUND THE WORLD STILL LACK ACCESS TO HIGH-QUALITY, RIGHTS-BASED SEXUAL AND REPRODUCTIVE HEALTH SERVICES, INCLUDING SAFE AND LEGAL ABORTION AND HIV SERVICES. POOR QUALITY OF CARE CONTRIBUTES TO LOW UTILIZATION OF SERVICES, WHICH EXACERBATES POOR HEALTH AND MORTALITY RELATED TO SEX, REPRODUCTION, HIV, AND REPRODUCTIVE CANCERS. FOR MORE INFORMATION, SEE SCHEDULE O.

4b (Code:) (Expenses \$ 6,789,037. including grants of \$ 3,706,844.) (Revenue \$ 0.)

INSTITUTIONAL DEVELOPMENT: ENHANCE OPERATIONAL EFFECTIVENESS AND DOUBLE NATIONAL AND GLOBAL INCOME. IPPF/WHR IS COMMITTED AND HAS AN ETHICAL OBLIGATION TO MAKE THE MOST OF ITS RESOURCES AND TO BE FLEXIBLE AND RESPONSIVE TO CHANGING POLITICAL AND ECONOMIC CONTEXTS. TO MAXIMIZE THE NUMBER OF PEOPLE IPPF/WHR CAN SERVE, IT NEEDS TO INCREASE ITS OPERATIONAL EFFECTIVENESS. IPPF/WHR MUST REMAIN RELEVANT, RESPONSIBLE, AND EFFICIENT IN HOW IT SEEKS FUNDING, TRANSLATES IT INTO DEVELOPMENT OUTCOMES, AND SUSTAINS SERVICES TO MEET DEMAND. FOR MORE INFORMATION, SEE SCHEDULE O.

4c (Code:) (Expenses \$ 3,452,455. including grants of \$ 1,801,735.) (Revenue \$ 0.)

ADVOCACY: GALVANIZE COMMITMENT AND SECURE LEGISLATIVE, POLICY, AND REGULATORY IMPROVEMENTS. ALTHOUGH MANY GOVERNMENTS HAVE MADE PUBLIC STATEMENTS IN SUPPORT OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND GENDER EQUALITY, MANY OF THEM HAVE FAILED TO REALIZE THEIR COMMITMENTS THROUGH SUPPORTIVE LEGISLATION, POLICY, AND FUNDING. IPPF/WHR WILL FURTHER INVEST IN ADVOCACY AT ALL LEVELS, INCLUDING SUPPORTING MEMBER ASSOCIATIONS WITH CAPACITY BUILDING, FUNDING, AND MONITORING. IPPF/WHR WILL TARGET KEY INSTITUTIONS, SUPPORT AND FOSTER INTERESTED PARLIAMENTARIANS, ENGAGE WITH COMMUNITY AND FAITH NETWORKS, AND INFLUENCE LOCAL REGIONAL AND INTERNATIONAL PROCESSES.

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

(Expenses \$ 8,980,742. including grants of \$ 5,221,605.) (Revenue \$ 0.)

4e Total program service expenses 26,983,350.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (governing body details).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (policies on chapters, conflict of interest, whistleblower, etc.).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JOVANA RIOS CISNERO BOARD CHAIRPERSON | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (2) LIDIA CASAS VICE CHAIRPERSON | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (3) DIANA BARCO PRESIDENT OF THE REGION | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (4) DARIO ROSARIO ADAMES VICE PRESIDENT OF THE REGION | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (5) ROGER MC LEAN TREASURER | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (6) YOLANDA JERONIMO SECRETARY | 1.00 0. | X | | X | | | | 0. | 0. | 0. |
| (7) ADRIANA MENDOZA BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (8) KOBE SMITH BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (9) DONYA NASSER BOARD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (10) GISELLE CARINO CEO AND REGIONAL DIRECTOR | 35.00 0. | | | X | | | | 302,491. | 0. | 89,247. |
| (11) CHRISTINE GARRISON CHIEF FINANCIAL OFFICER | 35.00 0. | | | X | | | | 194,265. | 0. | 71,976. |
| (12) VICENTE DIAZ (FORM 08/18) REGIONAL DEPUTY DIRECTOR | 35.00 0. | | | X | | | | 160,622. | 0. | 49,595. |
| (13) DEBORA DINIZ (FROM 09/18) REGIONAL DEPUTY DIRECTOR | 35.00 0. | | | X | | | | 69,537. | 0. | 5,453. |
| (14) ALEJANDRA MEGLIOLI DIRECTOR OF PROGRAMS | 35.00 0. | | | | | X | | 144,412. | 0. | 43,865. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) MARIA ANTONIETA ALCALDE DIRECTOR OF ADVOCACY | 35.00 0. | | | | | X | 143,040. | 0. | 64,911. | |
| (16) DANA ROGERS DIR. OF DEV. & STRAT. P'SHIP | 35.00 0. | | | | | X | 139,771. | 0. | 59,760. | |
| (17) MOIRA MENDOZA DIR. OF ORG. LEARNING & EVAL. | 28.00 0. | | | | | X | 137,156. | 0. | 34,238. | |
| (18) LESLIE VARKONYI CHIEF INFORMATION OFFICER | 30.00 0. | | | | | X | 131,801. | 0. | 47,398. | |
| 1b Sub-total | | | | | | | 871,327. | 0. | 260,136. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 551,768. | 0. | 206,307. | |
| d Total (add lines 1b and 1c) | | | | | | | 1,423,095. | 0. | 466,443. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 15

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2 | | |
| | | |
| | | |
| | | |

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 ► 13

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|--------------------------------------|----------------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 879,250. | | | | |
| | e Government grants (contributions) . . | 1e | 264,355. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . | 1f | 27,953,322. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 511,103. | | | | |
| | h Total. Add lines 1a-1f | | | 29,096,927. | | | |
| | Program Service Revenue | 2a _____ Business Code | | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d _____ | | | | | | | |
| e _____ | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 0. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). | | | 549,998. | | | 549,998. |
| | 4 Income from investment of tax-exempt bond proceeds . | | | 0. | | | |
| | 5 Royalties | | | 0. | | | |
| | | | | (i) Real | (ii) Personal | | |
| | 6a Gross rents | | | 371,798. | | | |
| | b Less: rental expenses | | | 0. | | | |
| | c Rental income or (loss) | | | 371,798. | | | |
| | d Net rental income or (loss) | | | 371,798. | | | 371,798. |
| | | | | (i) Securities | (ii) Other | | |
| | 7a Gross amount from sales of assets other than inventory | | | 4,382,295. | | | |
| | b Less: cost or other basis and sales expenses | | | 4,342,640. | | | |
| | c Gain or (loss) | | | 39,655. | | | |
| | d Net gain or (loss) | | | 39,655. | | | 39,655. |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a | | | 0. | | | |
| | b Less: direct expenses b | | | 0. | | | |
| c Net income or (loss) from fundraising events | | | 0. | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 a | | | 0. | | | | |
| b Less: direct expenses b | | | 0. | | | | |
| c Net income or (loss) from gaming activities | | | 0. | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | 0. | | | | |
| b Less: cost of goods sold b | | | 0. | | | | |
| c Net income or (loss) from sales of inventory | | | 0. | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a _____ | | | | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 0. | | | | |
| 12 Total revenue. See instructions. | | | 30,058,378. | | | 961,451. | |

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, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,150,933. | 1,150,933. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 14,569,024. | 14,569,024. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 943,185. | 461,976. | 481,209. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 5,885,895. | 4,479,196. | 534,788. | 871,911. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 622,730. | 401,658. | 115,145. | 105,927. |
| 9 Other employee benefits | 1,099,631. | 678,965. | 173,495. | 247,171. |
| 10 Payroll taxes | 426,840. | 279,899. | 68,206. | 78,735. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 83,386. | 18,327. | 65,059. | |
| c Accounting | 124,543. | 12,600. | 111,943. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17. | 110,000. | | | 110,000. |
| f Investment management fees | 81,383. | | 81,383. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 1,687,973. | 995,471. | 481,154. | 211,348. |
| 12 Advertising and promotion | 0. | | | |
| 13 Office expenses | 53,257. | 44,754. | 4,161. | 4,342. |
| 14 Information technology | 410,151. | 310,738. | 52,094. | 47,319. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 494,126. | 399,069. | 8,866. | 86,191. |
| 17 Travel | 1,300,402. | 1,122,648. | 36,358. | 141,396. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 404,961. | 284,260. | 53,939. | 66,762. |
| 23 Insurance | 80,056. | 56,200. | 10,655. | 13,201. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a OTHER FUNDRAISING EXPENSES | 807,672. | | | 807,672. |
| b OTHER EXPENSES | 478,419. | 317,036. | 84,118. | 77,265. |
| c OVERHEAD ALLOCATED | | 1,400,596. | -1,400,596. | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 30,814,567. | 26,983,350. | 961,977. | 2,869,240. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

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 |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 20,332,562. | 1 | 17,256,535. |
| | 2 Savings and temporary cash investments | 0. | 2 | 0. |
| | 3 Pledges and grants receivable, net | 6,386,992. | 3 | 6,142,208. |
| | 4 Accounts receivable, net | 0. | 4 | 0. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 487,795. | 7 | 390,187. |
| | 8 Inventories for sale or use | 0. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 165,081. | 9 | 345,581. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 14,315,303. | | |
| | b Less: accumulated depreciation | 10b 3,614,917. | | |
| | 11 Investments - publicly traded securities | 11,105,347. | 10c | 10,700,386. |
| | 12 Investments - other securities. See Part IV, line 11 | 35,523,898. | 11 | 34,814,122. |
| | 13 Investments - program-related. See Part IV, line 11 | 113,544. | 12 | 223,655. |
| | 14 Intangible assets | 21,782,098. | 13 | 19,575,756. |
| | 15 Other assets. See Part IV, line 11 | 0. | 14 | 0. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 9,784. | 15 | 6,258. | |
| | 95,907,101. | 16 | 89,454,688. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,272,679. | 17 | 2,068,979. |
| | 18 Grants payable | 4,974,540. | 18 | 3,066,897. |
| | 19 Deferred revenue | 199,754. | 19 | 847,045. |
| | 20 Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 17,989,601. | 21 | 16,526,614. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,275,303. | 25 | 1,151,215. |
| | 26 Total liabilities. Add lines 17 through 25 | 25,711,877. | 26 | 23,660,750. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 28,710,021. | 27 | 28,803,497. |
| | 28 Temporarily restricted net assets | 41,485,203. | 28 | 36,990,441. |
| | 29 Permanently restricted net assets | 0. | 29 | 0. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 70,195,224. | 33 | 65,793,938. | |
| 34 Total liabilities and net assets/fund balances | 95,907,101. | 34 | 89,454,688. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 30,058,378. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 30,814,567. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -756,189. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 70,195,224. |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,416,832. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -2,228,265. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 65,793,938. |

Part XII Financial Statements and Reporting

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION**

Employer identification number
13-1845455

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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 or 990-EZ).)
- 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college 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 33 1/3 % 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 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | 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 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)), | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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 or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11 a | |
| b A family member of a person described in (a) above? | 11 b | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | 11 c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i> | 2 | |

Section C. Type II Supporting Organizations

| | 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)? <i>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).</i> | 1 | |

Section D. All Type III 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 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 2 | |
| 3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|-----------|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) 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 "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.</i> | 2a | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | 2b | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section 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 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) 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): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

 ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2014 | 2015 | 2016 | 2017 | 2018 | TOTAL |
|---------------|----------------|-----------|---------|---------|---------|----------------|
| OTHER REVENUE | 31,970. | 7. | | | | 31,977. |
| TOTALS | <u>31,970.</u> | <u>7.</u> | <u></u> | <u></u> | <u></u> | <u>31,977.</u> |

Schedule of Contributors

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

| | |
|---|--|
| Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION- WESTERN HEMISPHERE REGION | Employer identification number 13-1845455 |
|---|--|

Organization type (check one):

Filers of:

Section:

- 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 or 990-EZ), 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 totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION- WESTERN HEMISPHERE REGION | Employer identification number 13-1845455 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | |
|----------------|-------------------------------------|----------------------------|--|---------------|-------------------------------------|----------------|--------------------------|----------------|--------------------------|
| 1 | <hr/> <hr/> <hr/> | \$ 9,149,048. | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person | <input checked="" type="checkbox"/> | | | | | | | | |
| Payroll | <input type="checkbox"/> | | | | | | | | |
| Noncash | <input type="checkbox"/> | | | | | | | | |
| 2 | <hr/> <hr/> <hr/> | \$ 4,938,500. | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person | <input checked="" type="checkbox"/> | | | | | | | | |
| Payroll | <input type="checkbox"/> | | | | | | | | |
| Noncash | <input type="checkbox"/> | | | | | | | | |
| 3 | <hr/> <hr/> <hr/> | \$ 3,549,009. | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person | <input checked="" type="checkbox"/> | | | | | | | | |
| Payroll | <input type="checkbox"/> | | | | | | | | |
| Noncash | <input type="checkbox"/> | | | | | | | | |
| 4 | <hr/> <hr/> <hr/> | \$ 1,115,000. | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person | <input checked="" type="checkbox"/> | | | | | | | | |
| Payroll | <input type="checkbox"/> | | | | | | | | |
| Noncash | <input type="checkbox"/> | | | | | | | | |
| 5 | <hr/> <hr/> <hr/> | \$ 926,082. | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person | <input checked="" type="checkbox"/> | | | | | | | | |
| Payroll | <input type="checkbox"/> | | | | | | | | |
| Noncash | <input type="checkbox"/> | | | | | | | | |
| 6 | <hr/> <hr/> <hr/> | \$ 857,372. | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person | <input checked="" type="checkbox"/> | | | | | | | | |
| Payroll | <input type="checkbox"/> | | | | | | | | |
| Noncash | <input type="checkbox"/> | | | | | | | | |

| | |
|--|---|
| Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION- WESTERN HEMISPHERE REGION | Employer identification number 13-1845455 |
|--|---|

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

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

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.

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.

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

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

| | |
|---|--|
| Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION- WESTERN HEMISPHERE REGION | Employer identification number 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 activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | 198,000. | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 186,000. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 384,000. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 30,349,184. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 30,733,184. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 1,000,000. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | 0. | 0. | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | 0. | 0. | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (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. |
| c Total lobbying expenditures | 77,358. | 94,277. | 223,037. | 384,000. | 778,672. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | 77,358. | 53,100. | 90,855. | 198,000. | 419,313. |

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 rows and 3 columns: Question, Yes, No. Questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 5 rows and 3 columns: Question, Yes, No. Questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Horizontal lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION- WESTERN HEMISPHERE REGION

Employer identification number 13-1845455

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 84.1700 %
b Permanent endowment %
c Temporarily restricted endowment 15.8300 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) INTEREST IN THE IPPF WHR FUND | 19,575,756. | FMV |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| (2) CHARITABLE GIFT ANNUITIES | 1,151,215. | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | | |

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 26,497,863. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -1,416,832. | |
| b | Donated services and use of facilities | 2b | 165,965. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | -2,228,265. | |
| e | Add lines 2a through 2d | 2e | -3,479,132. | |
| 3 | Subtract line 2e from line 1 | 3 | 29,976,995. | |
| 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 | 81,383. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | 81,383. | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 30,058,378. | |

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 30,899,149. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 165,965. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | 165,965. | |
| 3 | Subtract line 2e from line 1 | 3 | 30,733,184. | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 81,383. | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | 81,383. | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 30,814,567. | |

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

CUSTODIAL ARRANGEMENTS

SCHEDULE D, PART IV, LINE 2B

AT DECEMBER 31, 2018, IPPF/WHR HELD \$1,328,269 ON BEHALF OF IPPF/LONDON. IPPF/WHR HAS BEEN HOLDING THESE FUNDS FOR IPPF/LONDON SINCE 2000. THESE FUNDS, ORIGINALLY RECEIVED BY IPPF/LONDON FROM THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), ARE TO BE USED AS A QUASI-ENDOWMENT FUND TO PROVIDE A PERMANENT SOURCE OF FINANCIAL SUPPORT FOR FAMILY PLANNING AND SEXUAL AND REPRODUCTIVE HEALTH PROGRAMS IN CAPE VERDE, AFRICA. IPPF/WHR HAS INVESTED THESE FUNDS ON BEHALF OF IPPF/LONDON.

IN APRIL 2005, APROFAM ASSOCIATION PRO-BIENESTAR DE LA FAMILIA DE GUATEMALA, A MEMBER OF ASSOCIATION OF IPPF IN THE WESTERN HEMISPHERE REGION, DESIGNATED IPPF/WHR AS ITS AGENT FOR THE PURPOSE OF INVESTING THE APROFAM SUSTAINABILITY FUNDS FOR ITS MISSION OF PROVIDING QUALITY FAMILY PLANNING AND REPRODUCTIVE AND CHILD HEALTH SERVICES TO LOWER INCOME FAMILIES IN GUATEMALA. IPPF/WHR INVESTED THE APROFAM FUNDS OF \$7,593,524 IN APRIL 2005, AND AT DECEMBER 31, 2018, THESE FUNDS WERE VALUED AT \$15,198,345. NO DISTRIBUTIONS WERE MADE DURING 2018.

USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

IPPF/WHR HAS DONOR-RESTRICTED ENDOWMENT FUNDS AND A BOARD-DESIGNATED ENDOWMENT FUND: THE ENDOWMENT FUND FOR SUSTAINABILITY (EFS) AND THE IPPF/WHR BOARD ENDOWMENT FUND.

THE EFS IS A DONOR-RESTRICTED FUND CREATED BY IPPF/WHR AND USAID AS A

Part XIII Supplemental Information (continued)

SOURCE OF LOW-INTEREST LOANS AND GRANTS FOR INCOME-GENERATING AND SUSTAINABILITY EFFORTS OF IPPF/WHR ASSOCIATIONS. THE FUND WAS ESTABLISHED BY THE IPPF/WHR'S BOARD OF DIRECTORS AS A MEANS TO ENHANCE THE SUSTAINABILITY OF THE REGIONAL OFFICE.

UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

IPPF/WHR IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. IPPF/WHR RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 2D:

CHANGE IN INTEREST IN THE NET ASSETS OF

THE IPPF WHR FUND: \$ (2,206,342)

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES: \$ (21,923)

TOTAL: \$ (2,228,265)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization **INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION**

Employer identification number
13-1845455

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in 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) CENTRAL AMERICA/CARIBBEAN | 0. | 0. | GRANTMAKING | | 5,219,183. |
| (2) SOUTH AMERICA | 0. | 0. | GRANTMAKING | | 8,580,891. |
| (3) NORTH AMERICA | 0. | 0. | GRANTMAKING | | 574,550. |
| (4) SUB-SAHARAN AFRICA | 0. | 0. | GRANTMAKING | | 176,300. |
| (5) EUROPE | 0. | 0. | GRANTMAKING | | 10,000. |
| (6) SOUTH ASIA | 0. | 0. | GRANTMAKING | | 8,100. |
| (7) NORTH AMERICA | 0. | 4. | PROGRAM SERVICES | TECHNICAL ASSISTANCE | 560,863. |
| (8) SOUTH AMERICA | 0. | 4. | PROGRAM SERVICES | TECHNICAL ASSISTANCE | 424,504. |
| (9) EUROPE | 0. | 0. | INVESTMENTS | | 223,655. |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | | 8. | | | 15,778,046. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | 8. | | | 15,778,046. |

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

Schedule F (Form 990) 2018

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 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) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 44,469. | WIRE | | | |
| (2) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 33,042. | WIRE | | | |
| (3) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 50,340. | WIRE | | | |
| (4) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 252,165. | WIRE | | | |
| (5) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 199,393. | WIRE | | | |
| (6) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 63,993. | WIRE | | | |
| (7) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 68,023. | WIRE | | | |
| (8) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 1,010,494. | WIRE | | | |
| (9) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 414,621. | WIRE | | | |
| (10) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 64,057. | WIRE | | | |
| (11) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 619,082. | WIRE | | | |
| (12) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 628,234. | WIRE | | | |
| (13) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 346,900. | WIRE | | | |
| (14) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 729,771. | WIRE | | | |
| (15) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 110,185. | WIRE | | | |
| (16) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 207,033. | WIRE | | | |

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

3 Enter total number of other organizations or entities ▶ _____

Part 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 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) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 172,573. | WIRE | | | |
| (2) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 32,186. | WIRE | | | |
| (3) | | | CARIBBEAN & CENTRAL AMER | OPERATING SUPPORT | 172,620. | WIRE | | | |
| (4) | | | NORTH AMERICA | OPERATING SUPPORT | 195,000. | WIRE | | | |
| (5) | | | NORTH AMERICA | OPERATING SUPPORT | 28,500. | WIRE | | | |
| (6) | | | NORTH AMERICA | OPERATING SUPPORT | 351,050. | WIRE | | | |
| (7) | | | SOUTH AMERICA | OPERATING SUPPORT | 259,259. | WIRE | | | |
| (8) | | | SOUTH AMERICA | OPERATING SUPPORT | 55,000. | WIRE | | | |
| (9) | | | SOUTH AMERICA | OPERATING SUPPORT | 1,230,258. | WIRE | | | |
| (10) | | | SOUTH AMERICA | OPERATING SUPPORT | 165,000. | WIRE | | | |
| (11) | | | SOUTH AMERICA | OPERATING SUPPORT | 275,000. | WIRE | | | |
| (12) | | | SOUTH AMERICA | OPERATING SUPPORT | 66,020. | WIRE | | | |
| (13) | | | SOUTH AMERICA | OPERATING SUPPORT | 15,000. | WIRE | | | |
| (14) | | | SOUTH AMERICA | OPERATING SUPPORT | 215,949. | WIRE | | | |
| (15) | | | SOUTH AMERICA | OPERATING SUPPORT | 438,301. | WIRE | | | |
| (16) | | | SOUTH AMERICA | OPERATING SUPPORT | 1,702,412. | WIRE | | | |

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

3 Enter total number of other organizations or entities ▶ _____

Part 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 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) |
|------|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | SOUTH AMERICA | OPERATING SUPPORT | 28,410. | WIRE | | | |
| (2) | | | SOUTH AMERICA | OPERATING SUPPORT | 338,064. | WIRE | | | |
| (3) | | | SOUTH AMERICA | OPERATING SUPPORT | 43,450. | WIRE | | | |
| (4) | | | SOUTH AMERICA | OPERATING SUPPORT | 204,202. | WIRE | | | |
| (5) | | | SOUTH AMERICA | OPERATING SUPPORT | 192,159. | WIRE | | | |
| (6) | | | SOUTH AMERICA | OPERATING SUPPORT | 20,000. | WIRE | | | |
| (7) | | | SOUTH AMERICA | OPERATING SUPPORT | 253,430. | WIRE | | | |
| (8) | | | SOUTH AMERICA | OPERATING SUPPORT | 145,324. | WIRE | | | |
| (9) | | | SOUTH AMERICA | OPERATING SUPPORT | 70,000. | WIRE | | | |
| (10) | | | SOUTH AMERICA | OPERATING SUPPORT | 304,804. | WIRE | | | |
| (11) | | | SOUTH AMERICA | OPERATING SUPPORT | 763,154. | WIRE | | | |
| (12) | | | SOUTH AMERICA | OPERATING SUPPORT | 223,739. | WIRE | | | |
| (13) | | | SOUTH AMERICA | OPERATING SUPPORT | 363,103. | WIRE | | | |
| (14) | | | SOUTH AMERICA | OPERATING SUPPORT | 1,208,852. | WIRE | | | |
| (15) | | | EAST ASIA/PACIFIC | OPERATING SUPPORT | 8,100. | WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | OPERATING SUPPORT | 17,985. | WIRE | | | |

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

3 Enter total number of other organizations or entities ▶ _____

Part 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 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) |
|------|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | SUB-SAHARAN AFRICA | OPERATING SUPPORT | 69,380. | WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | OPERATING SUPPORT | 8,000. | WIRE | | | |
| (3) | | | SUB-SAHARAN AFRICA | OPERATING SUPPORT | 8,000. | WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | OPERATING SUPPORT | 64,935. | WIRE | | | |
| (5) | | | SUB-SAHARAN AFRICA | OPERATING SUPPORT | 8,000. | WIRE | | | |
| (6) | | | EUROPE | OPERATING SUPPORT | 10,000. | WIRE | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 54.

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.

| (a) Type of grant or assistance | (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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V Supplemental Information

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

MONITORING THE USE OF GRANTS

SCHEDULE F, PART I, LINE 2

MEMBER ASSOCIATION CORE GRANTS

IPPF/WHR'S FOREIGN GRANTEEES ARE PRIMARILY AUTONOMOUS INTERNATIONAL
PLANNED PARENTHOOD MEMBER ASSOCIATIONS IN THE WESTERN HEMISPHERE REGION.

MEMBER ASSOCIATIONS ARE 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 IPPF/WHR STAFF TO ENSURE COMPLIANCE
WITH GRANT DOCUMENTS.

ALL GRANTS EXCLUDING MEMBER ASSOCIATION CORE GRANTS

IPPF/WHR'S FOREIGN GRANTEEES ARE PRIMARILY AUTONOMOUS INTERNATIONAL
PLANNED PARENTHOOD MEMBER ASSOCIATIONS IN THE WESTERN HEMISPHERE REGION.
MEMBER ASSOCIATIONS ARE REQUIRED TO SUBMIT THE FOLLOWING TO SUPPORT
NON-MEMBER ASSOCIATION CORE GRANTS: 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; AND 3) AN ANNUAL REPORT THAT INCLUDES DETAILED FINANCIALS,
AND PROGRAM AND SERVICE STATISTICS. THESE REPORTS ARE COLLECTED AND
REVIEWED BY IPPF/WHR STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS AND
DONORS RULES & REGULATIONS. NARRATIVES AND FINANCIALS SHOULD BE SUBMITTED

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).

TO IPPF/WHR AS PER THE REPORTING SCHEDULE INCLUDED IN EACH AGREEMENT.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION**

Employer identification number
13-1845455

Part I 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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- 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.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 ATTACHMENT 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 3,685,998. | 110,000. | 3,575,998. |

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

AL, 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,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---|--------------|------------------|---------------------------------|
| | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | | | |
| | 2 | Less: Contributions | | | |
| | 3 | Gross income (line 1 minus line 2) | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|---|--|---|---|---|--|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FUNDRAISING ACTIVITIES

SCHEDULE G, PART I, LINE 2B:

DURING 2018, IPPF/WHR PAID MAL WARWICK DONOR-DIGITAL A \$99,000 RETAINER FEE FOR PRINTING AND MAILING SERVICES, INCLUDING STRATEGY ON MAILINGS, AS REPORTED ON SCHEDULE G. IPPF ALSO REIMBURSED MAL WARWICK DONOR-DIGITAL \$772,592 FOR COSTS RELATED TO DESIGN, PRINTING, FULFILLMENT, AND POSTAGE OF DIRECT MAIL CAMPAIGNS.

- 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

DURING 2018, IPPF/WHR PAID FAIRCOM NEW YORK, INC. A \$11,000 RETAINER FEE FOR PRINTING AND MAILING SERVICES, INCLUDING STRATEGY ON MAILINGS, AS REPORTED ON SCHEDULE G. IPPF ALSO REIMBURSED FAIRCOM NEW YORK INC. \$207,603 FOR COSTS RELATED TO DESIGN, PRINTING, FULFILLMENT, AND POSTAGE OF DIRECT MAIL CAMPAIGNS.

- 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF FUNDRAISER | ACTIVITY | DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? | | GROSS RECEIPTS FROM ACTIVITY | AMOUNT PAID TO (OR RETAINED BY FUNDRAISER | AMOUNT PAID TO (OR RETAINED BY ORGANIZATION |
|--|--------------------|--|----|---------------------------------|---|---|
| | | YES | NO | | | |
| MAL WARWICK DONOR-DIGITAL 1625 K STREET NW, SUITE 300 WASHINGTON DC 20006 | MAIL & ONL- INE | | X | 3,370,258. | 99,000. | 3,271,258. |
| FAIRCOM NEW YORK INC 12 WEST 27TH ST, 13TH FLOOR NEW YORK NY 10001 | MAIL & ONL- INE | | X | 315,740. | 11,000. | 304,740. |

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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-
WESTERN HEMISPHERE REGION**

Employer identification number
13-1845455

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 PO BOX 192221 SAN JUAN, PR 00919 | 23-7034732 | 501(C)(3) | 645,914. | | | | REPRODUCTIVE HEALTH |
| (2) CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET NEW YORK, NY 10038 | 13-3669731 | 501(C)(3) | 150,384. | | | | REPRODUCTIVE HEALTH |
| (3) WOMEN'S LINK WORLDWIDE 195 PLYMOUTH ST BROOKLYN, NY 11201 | 03-0371141 | 501(C)(3) | 150,073. | | | | GENDER EQUALITY |
| (4) IPAS 300 MARKET ST CHAPEL HILL, NC 27516 | 56-1071085 | 501(C)(3) | 130,671. | | | | REPRODUCTIVE HEALTH HEALTH |
| (5) IBIS REPRODUCTIVE HEALTH 2067 MASS. AVENUE CAMBRIDGE, MA 02140 | 03-0382773 | 501(C)(3) | 73,891. | | | | REPRODUCTIVE HEALTH HEALTH |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

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:

IPPF/WHR'S 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 IPPF/WHR STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS AND DONORS RULES & REGULATIONS. NARRATIVES AND FINANCIALS

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.

SHOULD BE SUBMITTED TO IPPF/WHR AS PER THE REPORTING SCHEDULE INCLUDED IN EACH AGREEMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For 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

2018

**Open to Public
Inspection**

Name of the organization **INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION**

Employer identification number
13-1845455

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 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:

- a** The organization?
 - b** Any related organization?
- 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:

- a** The organization?
 - b** Any related organization?
- 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.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 GISELLE CARINO CEO AND REGIONAL DIRECTOR | (i) | 301,795. | 0. | 696. | 39,624. | 49,623. | 391,738. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 CHRISTINE GARRISON CHIEF FINANCIAL OFFICER | (i) | 193,833. | 0. | 432. | 27,324. | 44,652. | 266,241. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 VICENTE DIAZ (FORM 08/1 REGIONAL DEPUTY DIRECTOR | (i) | 156,446. | 0. | 4,176. | 20,031. | 29,564. | 210,217. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 ALEJANDRA MEGLIOLI DIRECTOR OF PROGRAMS | (i) | 143,153. | 0. | 1,259. | 17,585. | 26,280. | 188,277. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 MARIA ANTONIETA ALCALDE DIRECTOR OF ADVOCACY | (i) | 142,738. | 0. | 302. | 18,390. | 46,521. | 207,951. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 DANA ROGERS DIR. OF DEV. & STRAT. P'SHIP | (i) | 139,332. | 0. | 439. | 17,585. | 42,175. | 199,531. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 MOIRA MENDOZA DIR. OF ORG. LEARNING & EVAL. | (i) | 136,880. | 0. | 276. | 16,579. | 17,659. | 171,394. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 LESLIE VARKONYI CHIEF INFORMATION OFFICER | (i) | 130,027. | 0. | 1,774. | 15,837. | 31,561. | 179,199. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (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.

NONFIXED PAYMENTS

SCHEDULE J, PART I, LINE 7:

IPPF-WHR DOES NOT ROUTINELY PAY EMPLOYEE BONUSES IN THE ORDINARY COURSE OF ITS BUSINESS. DURING 2018, A SIGN-ON BONUS OF \$15,000 WAS PAID AT THE DISCRETION OF THE REGIONAL DIRECTOR TO DEBORA DINIZ, REGIONAL DEPUTY DIRECTOR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION**

Employer identification number
13-1845455

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles. | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 36. | 511,103. | MARKET QUOTATION |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2018

Part II **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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

MISSION STATEMENT

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

IPPF/WHR 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.

ORGANIZATION'S MISSION & PROGRAM SERVICES

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

INTERNATIONAL PLANNED PARENTHOOD FEDERATION - WESTERN HEMISPHERE REGION,
INC. (IPPF/WHR), A NOT-FOR-PROFIT CORPORATION EXEMPT FROM INCOME TAXES
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, WAS ESTABLISHED IN
1954 TO PROMOTE SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY
PLANNING, IN THE WESTERN HEMISPHERE. IPPF/WHR IS A MEMBERSHIP
ORGANIZATION. ITS MEMBERS 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. MEMBERS ELECT THE
IPPF/WHR BOARD OF DIRECTORS WHICH ROTATE EVERY THREE YEARS. THE BOARD OF
DIRECTORS IS COMPRISED OF REPRESENTATIVES FROM THE MEMBERSHIP AND OTHER
DIRECTORS ELECTED AT-LARGE. WHILE IPPF/WHR IS AN INDEPENDENT LEGAL

| | |
|---|--|
| Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION- WESTERN HEMISPHERE REGION | Employer identification number 13-1845455 |
|---|--|

ENTITY, IT ALSO FUNCTIONS AS A REGIONAL PARTNER OF INTERNATIONAL PLANNED PARENTHOOD FEDERATION, HEADQUARTERED IN LONDON, ENGLAND (IPPF). IPPF/WHR SPEARHEADS EVIDENCE-BASED RESEARCH INITIATIVES ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INCLUDING GENDER-BASED VIOLENCE, CONTRACEPTIVE ACCESS, ABORTION RIGHTS, COMPREHENSIVE SEXUALITY EDUCATION, AND MORE. IPPF/WHR SUPPORTS AND COORDINATES SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING ACTIVITIES CARRIED OUT BY 37 AUTONOMOUS NATIONAL MEMBER ASSOCIATIONS (MAS) IN THE WESTERN HEMISPHERE, AND A NUMBER OF OTHER NONPROFIT ORGANIZATIONS INCLUDING FEDERACIÓN INTERNACIONAL DE LA PLANEACIÓN FAMILIAR - MEXICO, A.C. (MEXICO), A MEXICAN ENTITY FORMED IN 2017. IPPF/ WHR PAID MEXICO CONSULTING EXPENSES RELATED TO CARRYING OUT THE ORGANIZATION'S MISSION. IPPF/WHR 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.

AMOUNTS FROM IPPF REPRESENT 31% AND 30% OF TOTAL OPERATING SUPPORT AND REVENUE FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, RESPECTIVELY.

UNRESTRICTED SUPPORT RECEIVED FROM IPPF/LONDON IS USED FOR BOTH PROGRAM AND SUPPORTING SERVICES. OTHER UNRESTRICTED SUPPORT RECEIVED BY IPPF/WHR IS ALLOCATED IN AMOUNTS DETERMINED BY THE IPPF/WHR ALLOCATIONS COMMITTEE OF THE BOARD OF DIRECTORS TO PROJECTS, THE PURPOSE OF WHICH IS TO ADVANCE THE CAUSE OF SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING. IN 2018 AND 2017, IPPF/LONDON HAS MADE GRANTS DIRECTLY TO IPPF/WHR FOR ITS USE IN THE REGION.

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

THE IPPF/WHR ACTIVITIES RESPOND AND CONTRIBUTE TO THE GLOBAL STRATEGIC FRAMEWORK OF IPPF/LONDON. THE STRATEGIC FRAMEWORK 2015-2022 IS A BOLD AND ASPIRATIONAL VISION OF WHAT IPPF/LONDON PLANS TO ACHIEVE AND HOW IPPF/WHR WILL ACHIEVE IT, OVER THE NEXT FOUR YEARS. IT IS THE CULMINATION OF AN EXTENSIVE GLOBAL CONSULTATIVE PROCESS INVOLVING MAS, PARTNERS, AND DONORS, AND WAS APPROVED BY IPPF/LONDON'S HIGHEST DECISION-MAKING BODY, THE GOVERNING COUNCIL, IN NOVEMBER 2014.

THE GLOBAL STRATEGIC FRAMEWORK SETS THE PRIORITIES THAT WILL ALLOW IPPF/LONDON TO DELIVER IMPACT AS A SEXUAL AND REPRODUCTIVE HEALTH AND RIGHT (SRHR) MOVEMENT OVER THE NEXT FOUR YEARS. IT WILL GUIDE NATIONAL MAS AND PARTNERS IN FORMULATING THEIR OWN COUNTRY-SPECIFIC STRATEGIES, BASED ON THEIR RESOURCES AND IS TAILORED TO SERVE THE MOST MARGINALIZED GROUPS IN LOCAL CONTEXTS. IT ALSO PROVIDES FOCUS TO THE SECRETARIAT IN ITS INTERNATIONAL INFLUENCE AND IN ITS SUPPORT TO MAS.

IPPF/WHR'S 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 IPPF/WHR'S WORK - STRENGTHS, WEAKNESSES, CAPACITIES, RESOURCES, AND NETWORKS.

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

THE IPPF/WHR IMPLEMENTATION PLAN COVERS THE FIRST FOUR YEARS OF THE NEW STRATEGIC FRAMEWORK (2016-2019). THE MID-TERM REVIEW OF THE STRATEGY WILL OCCUR IN 2019. THE OUTCOME FROM THAT REVIEW WILL INFORM THE SECOND IMPLEMENTATION PLAN (2020-2022). THESE DATES ALSO ALIGN WITH MANY GOVERNMENT DONORS WHO WILL UPDATE THEIR FIVE-YEAR STRATEGIES IN 2019 AND WITH THE COMPLETION OF THE IPPF VISION 2020 AND COMMITMENTS MADE TO FAMILY PLANNING 2020 (FP2020).

THE RESOURCE ALLOCATION WILL RESPOND TO THE PRIORITY OBJECTIVES OF THE IPPF/WHR IMPLEMENTATION PLAN.

ADVOCACY IS PRIORITY OBJECTIVE ONE: GALVANIZE COMMITMENT AND SECURE LEGISLATIVE, POLICY, AND REGULATORY IMPROVEMENTS. ALTHOUGH MANY GOVERNMENTS HAVE MADE PUBLIC STATEMENTS IN SUPPORT OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND GENDER EQUALITY, MANY OF THEM HAVE FAILED TO REALIZE THEIR COMMITMENTS THROUGH SUPPORTIVE LEGISLATION, POLICY, AND FUNDING. IPPF/WHR WILL FURTHER INVEST IN ADVOCACY AT ALL LEVELS, INCLUDING SUPPORTING MEMBER ASSOCIATIONS WITH CAPACITY BUILDING, FUNDING, AND MONITORING. IPPF/WHR WILL TARGET KEY INSTITUTIONS, SUPPORT AND FOSTER INTERESTED PARLIAMENTARIANS, ENGAGE WITH COMMUNITY AND FAITH NETWORKS, AND INFLUENCE LOCAL REGIONAL AND INTERNATIONAL PROCESSES.

ENGAGE LEADERS IS PRIORITY OBJECTIVE TWO: ENGAGE WOMEN AND YOUTH LEADERS AS ADVOCATES FOR CHANGE. THE DENIAL OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AFFECTS WOMEN AND YOUNG PEOPLE DISPROPORTIONATELY, SO IT IS

| | |
|---|--|
| Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION- WESTERN HEMISPHERE REGION | Employer identification number 13-1845455 |
|---|--|

IMPORTANT THEY HAVE THE OPPORTUNITY TO BE AT THE FOREFRONT OF EFFORTS TO SECURE POLICY AND PRACTICE CHANGE FROM GOVERNMENTS. IPPF/WHR WILL STRENGTHEN ITS LINKS WITH YOUTH AND WOMEN'S ORGANIZATIONS AND PROVIDE PATHWAYS FOR WOMEN AND YOUNG LEADER - PARTICULARLY GIRLS - WITHIN IPPF/LONDON. THESE PROGRAMS WILL BE DESIGNED IN-COUNTRY AND WILL AIM TO ENGAGE SOCIALLY EXCLUDED INDIVIDUALS, WHO MAY NOT TYPICALLY BE INVOLVED. PROGRAMS WILL PROMOTE MALE INVOLVEMENT IN SRHR, AND ADDRESS ISSUES RELATED TO MASCULINITY, GENDER, AND SEXUALITY. IPPF/WHR 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 HEALTH SERVICES AND INFORMATION AMONG YOUNG PEOPLE - THE LARGEST GENERATION OF YOUNG PEOPLE EVER - IS ALREADY OUTSTRIPPING SUPPLY. IPPF/WHR KNOWS THAT YOUNG PEOPLE WHO ARE ABLE TO EXERCISE THEIR SEXUAL RIGHTS, INCLUDING BY ACCESSING SERVICES, HAVE THE POTENTIAL TO BE AGENTS OF CHANGE BY CHALLENGING PREJUDICES AND SOCIAL NORMS, CONTRIBUTING TO PUBLIC HEALTH AND DEVELOPMENT. IPPF/WHR WILL TRANSITION FROM A YOUTH-FRIENDLY TO A YOUTH-CENTERED ORGANIZATION BY PRIORITIZING AND SCALING UP COMPREHENSIVE SEXUALITY EDUCATION, WHICH SEEKS TO EQUIP YOUNG PEOPLE WITH SKILLS, KNOWLEDGE, AND VALUES TO DETERMINE AND ENJOY THEIR SEXUALITY AND PROTECT THEIR HEALTH; AND FOCUSING ON INTERVENTIONS FOR THE MOST MARGINALIZED YOUTH, IN AND OUT OF SCHOOL.

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

MEDIA AND PUBLIC OPINION IS PRIORITY OBJECTIVE FOUR: ENGAGE CHAMPIONS, OPINION FORMERS, AND THE MEDIA TO PROMOTE HEALTH, CHOICE, 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. MECHANISMS SUCH AS PUBLIC CAMPAIGNS ARE INSTRUMENTAL FOR RAISING AWARENESS, PROMOTING UNDERSTANDING, AND MOBILIZING PUBLIC SUPPORT. IPPF/WHR WILL IMPLEMENT PUBLIC CAMPAIGNS TO RAISE AWARENESS OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ISSUES AND GENERATE SUPPORT, WITH INTEGRATED COMMUNICATIONS STRATEGIES AND THE INVOLVEMENT OF PUBLIC-FACING CHAMPIONS, OPINION FORMERS, AND MEDIA OUTLETS. IPPF/WHR WILL DEVELOP ADAPTABLE CONTENT, FEATURING PERSONAL TESTIMONIES, AND DELIVER IT THROUGH A VARIETY OF FORMATS, INCLUDING TRADITIONAL AND SOCIAL MEDIA. THIS WORK WILL BE EMBEDDED AS A CORE PART OF WHAT IPPF/WHR DOES.

DELIVER SERVICES DIRECTLY IS PRIORITY OBJECTIVE FIVE: DELIVER RIGHTS-BASED SERVICES, INCLUDING SAFE AND LEGAL ABORTION AND HIV SERVICES. MILLIONS OF WOMEN, MEN, AND YOUNG PEOPLE AROUND THE WORLD STILL LACK ACCESS TO HIGH-QUALITY, RIGHTS-BASED SEXUAL AND REPRODUCTIVE HEALTH SERVICES, INCLUDING SAFE AND LEGAL ABORTION AND HIV SERVICES. POOR QUALITY OF CARE CONTRIBUTES TO LOW UTILIZATION OF SERVICES, WHICH EXACERBATES POOR HEALTH AND MORTALITY RELATED TO SEX, REPRODUCTION, HIV, AND REPRODUCTIVE CANCERS. PEOPLE IN HUMANITARIAN SETTINGS ALSO FACE SERIOUS BARRIERS TO SERVICES. IPPF/WHR WILL ENSURE THAT ALL ITS SERVICE OUTLETS PROVIDE HIGH-QUALITY SERVICES: THEY MUST NOT ONLY PROVIDE A

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

MINIMUM, INTEGRATED PACKAGE, BUT MUST ALSO BE CLIENT-CENTERED,
RIGHTS-BASED, YOUTH FRIENDLY, AND GENDER SENSITIVE.

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, IPPF/WHR
MEMBER ASSOCIATIONS HAVE A DISTINCT ROLE IN PROVIDING TECHNICAL
ASSISTANCE. IPPF/WHR CAN ENSURE THAT SERVICES ARE RESPONSIVE TO THE LOCAL
COMMUNITY, ARE CLIENT-CENTERED, AND PROVIDE RIGHTS-BASED, SUPPORTIVE CARE
TO ALL. IPPF/WHR WILL DEVELOP NEW FORMAL PARTNERSHIPS WITH PUBLIC AND
PRIVATE PROVIDERS. IPPF/WHR WILL DELIVER PRE- AND IN-SERVICE TRAINING FOR
MEDICAL PERSONNEL AND INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICES
IN PARTNER FACILITIES, AND STRENGTHEN SUPPLY CHAIN MANAGEMENT AND QUALITY
OF CARE.

INSTITUTIONAL DEVELOPMENT IS PRIORITY OBJECTIVE SEVEN: ENHANCE
OPERATIONAL EFFECTIVENESS AND DOUBLE NATIONAL AND GLOBAL INCOME. IPPF/WHR
IS COMMITTED AND HAS AN ETHICAL OBLIGATION TO MAKE THE MOST OF ITS
RESOURCES AND TO BE FLEXIBLE AND RESPONSIVE TO CHANGING POLITICAL AND
ECONOMIC CONTEXTS. TO MAXIMIZE THE NUMBER OF PEOPLE IPPF/WHR CAN SERVE,
IT NEEDS TO INCREASE ITS OPERATIONAL EFFECTIVENESS. IPPF/WHR REMAIN
RELEVANT, RESPONSIBLE, AND EFFICIENT IN HOW IT SEEKS FUNDING, TRANSLATES
IT INTO DEVELOPMENT OUTCOMES, AND SUSTAINS SERVICES TO MEET
DEMAND. IPPF/WHR IS EVOLVING ITS OPERATIONS AND FINANCIAL STRUCTURES TO
INCORPORATE DIVERSE BUSINESS MODELS THAT ARE FIT FOR PURPOSE IN EACH OF

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

THE SPECIFIC CONTEXTS IPPF/WHR WORKS. IPPF/WHR WILL ENSURE ONGOING FUNDING FOR ITS SERVICES BY SUPPORTING MEMBER ASSOCIATIONS TO DEVELOP SOCIAL ENTERPRISES; RECRUITING AND RETAINING STAFF AND VOLUNTEERS THAT BRING BUSINESS PLANNING, MARKET ANALYSIS, COMMUNICATIONS, AND PERFORMANCE MANAGEMENT SKILLS; AND STRENGTHENING FINANCIAL AND PERFORMANCE MANAGEMENT AT ALL LEVELS.

VOLUNTEERS AND SUPPORTERS IS PRIORITY OBJECTIVE EIGHT: GROW IPPF/WHR'S VOLUNTEER AND ACTIVIST SUPPORTER BASE. IPPF/WHR'S WORK IS DEMANDED AND DELIVERED BY COMMUNITIES: THIS GROUNDSWELL OF GRASSROOTS SUPPORT GIVES LEGITIMACY AND IS THE FOUNDATION OF IPPF/WHR'S POLITICAL ADVOCACY. 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 LOCAL LEVELS TO PRESENT A CLEAR, ALTERNATIVE VOICE TO GROUPS THAT DO NOT SUPPORT SEXUAL AND REPRODUCTIVE RIGHTS.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICE EXPENSES OF \$8,980,742 INCLUDING GRANTS OF \$5,221,605, ARE ATTRIBUTABLE TO THE FOLLOWING PROGRAMS:

- ENGAGE LEADERS: EXPENSES \$887,895 INCLUDING GRANTS OF \$340,049
- COMPREHENSIVE SEXUALITY EDUCATION: EXPENSES \$3,017,552 INCLUDING GRANTS OF \$2,276,954
- MEDIA AND PUBLIC OPINION: EXPENSES \$1,692,980 INCLUDING GRANTS OF

| | |
|---|--|
| Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION- WESTERN HEMISPHERE REGION | Employer identification number 13-1845455 |
|---|--|

\$565,297

- ENABLE SERVICES: EXPENSES \$2,334,307 INLCUDING GRANTS OF \$1,481,639
- VOLUNTEERS AND SUPPORTERS: EXPENSES \$1,037,372 INLCUDING GRANTS OF \$547,030
- OTHER: EXPENSES \$10,636 INLCUDING GRANTS OF \$10,636

MEMBERS

FORM 990, PART VI, LINE 6 AND 7A:

IPPF/WHR IS AN INDEPENDENT LEGAL ENTITY AND FUNCTIONS AS A REGIONAL PARTNER OF INTERNATIONAL PLANNED PARENTHOOD FEDERATION, A NON-PROFIT CHARITABLE ORGANIZATION HEADQUARTERED IN LONDON, ENGLAND (IPPF/LONDON). IPPF/WHR SUPPORTS AND COORDINATES SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING, ACTIVITIES CARRIED OUT BY 37 AUTONOMOUS NATIONAL MEMBER ASSOCIATIONS (MAS) IN THE WESTERN HEMISPHERE AND A NUMBER OF OTHER NONPROFIT ORGANIZATIONS, AND ALSO PROVIDES FINANCIAL AND TECHNICAL ASSISTANCE AND ADVISORY SERVICES TO THESE ORGANIZATIONS. THE MAS SEND DELEGATES TO THE REGIONAL COUNCIL MEETING EVERY 18 MONTHS. EVERY THREE YEARS, THEY ELECT THE IPPF/WHR REGIONAL BOARD OF DIRECTORS. DECISIONS MADE BY THE BOARD ARE NOT SUBJECT TO APPROVAL BY INDIVIDUAL MAS.

FORM 990 REVIEW PROCESS

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

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

FINANCE DEPARTMENT AND THE ORGANIZATION'S CEO AND REGIONAL DIRECTOR 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 ("IRS").

CONFLICT OF INTEREST POLICY

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 RESOURCES ANY OUTSIDE AFFILIATIONS OR POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE THROUGHOUT THE YEAR. HUMAN RESOURCES AND THE BOARD OF DIRECTORS REVIEWS 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.

COMPENSATION REVIEW PROCESS

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 AND REGIONAL DIRECTOR. THE

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

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 AND REGIONAL DIRECTOR'S COMPENSATION. THE COMPENSATION DETERMINATION IS DOCUMENTED CONTEMPORANEOUSLY IN THE ORGANIZATION'S RECORDS. FURTHER, THE CHIEF FINANCIAL OFFICER'S 2018 ANNUAL COMPENSATION INCREASE WAS APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION FOR ALL OTHER EMPLOYEES IS SET BY THE CEO AND REGIONAL DIRECTOR 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.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

FORM 990, PART VI, LINES 18 AND 19:

IPPF/WHR'S AUDITED FINANCIAL STATEMENTS AND 990 TAX RETURNS ARE MADE AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE WWW.IPPFWHR.ORG. IN ADDITION, UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9:

CHANGE IN INTEREST IN THE NET ASSETS OF THE

IPPF WHR FUND: \$(2,206,342)

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES: \$ (21,923)

| | |
|---|--|
| Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION- WESTERN HEMISPHERE REGION | Employer identification number 13-1845455 |
|---|--|

TOTAL LINE 9: \$(2,228,265)

ATTACHMENT 1

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,

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| MAL WARWICK & ASSOCIATES, INC 2550 NINTH STREET BERKELEY, CA 94710 | CONSULTING SERVICES | 772,592. |
| IPPF/WHR INNOVA, S.A. AVENIDA MANUEL ESPINOSA BATISTA EDIFICIO ANTIGUO NCR PANAMA ,PISO 1 | COMMODITIES | 1,312,375. |
| THE 125 MAIDEN LANE CONDOMINIUM 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003 | MAINTENANCE | 325,570. |
| CORPORATE POWER INC 62 WILLIAM STREET 5TH FLOOR NEW YORK, NY 10005 | SYSTEM SUPPORT | 324,437. |
| LONDON BUSINESS SERVICES LTD. 17 BOND STREET HEIFER JERSEY UNITED KINGDOM ,JE2 3NP | CONSULTING SERVICES | 293,625. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization **INTERNATIONAL PLANNED PARENTHOOD FEDERATION-
WESTERN HEMISPHERE REGION**

Employer identification number
13-1845455

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling 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) Name, address, and 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 | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) THE IPPF WHR FUND 125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038 20-2561205 | FAMILY PLAN | DE | 501(C)(3) | 12D | IPPF/WHR | X | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2018

Part III 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.

| (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) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

Part IV 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.

| (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 | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: 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? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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 thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) THE IPPF WHR FUND | C | 879,250. | COST |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning, 2018, and ending, 20.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (INTERNATIONAL PLANNED PARENTHOOD FEDERATION-WESTERN HEMISPHERE REGION)

D Employer identification number (13-1845455)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions.

13-1845455

125 MAIDEN LANE 9TH FL

E Unrelated business activity code

City or town, state or province, country, and ZIP or foreign postal code (NEW YORK, NY 10038)

C Book value of all assets at end of year

F Group exemption number

G Check organization type (501(c) corporation)

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of (CHRISTINE GARRISON) Telephone number (212-214-0204)

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

Part III Total Unrelated Business Taxable Income

| | | | |
|-----------|---|-----------|---------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). | 33 | |
| 34 | Amounts paid for disallowed fringes | 34 | 74,981. |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions). | 35 | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34. | 36 | 74,981. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 | 38 | 73,981. |

Part IV Tax Computation

| | | | |
|-----------|--|-----------|---------|
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21). | 39 | 15,536. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). | 40 | |
| 41 | Proxy tax. See instructions | 41 | |
| 42 | Alternative minimum tax (trusts only). | 42 | |
| 43 | Tax on Noncompliant Facility Income. See instructions | 43 | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | 15,536. |

Part V Tax and Payments

| | | | |
|-------------|---|------------|---------|
| 45 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). | 45a | |
| b | Other credits (see instructions). | 45b | |
| c | General business credit. Attach Form 3800 (see instructions) | 45c | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827). | 45d | |
| e | Total credits. Add lines 45a through 45d | 45e | |
| 46 | Subtract line 45e from line 44. | 46 | 15,536. |
| 47 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule). | 47 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 48 | 15,536. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. | 49 | |
| 50 a | Payments: A 2017 overpayment credited to 2018 | 50a | |
| b | 2018 estimated tax payments | 50b | 15,746. |
| c | Tax deposited with Form 8868. | 50c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 50d | |
| e | Backup withholding (see instructions) | 50e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 50f | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 50g | |
| 51 | Total payments. Add lines 50a through 50g | 51 | 15,746. |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached. | 52 | |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | 210. |
| 55 | Enter the amount of line 54 you want: Credited to 2019 estimated tax 210. Refunded | 55 | |

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|-----------|--|-----|----|
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| | | | X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year | | \$ |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | | | |
|-------------------------------|----------------------------|--|-------|---|--------------|
| Sign Here | CHRISTINE GARRISON | 07/30/2019 | CFO | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Signature of officer | Date | Title | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | ANGELO PIROZZI | | | | P00446022 |
| | Firm's name | Firm's address | | Firm's EIN | Phone no. |
| | BDO USA, LLP | 100 PARK AVENUE, NEW YORK, NY 10017-5001 | | 13-5381590 | 212-885-8000 |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

| | | | | | |
|---|-----------|--|--|----------|--|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line | | |
| 3 Cost of labor | 3 | | 6 from line 5. Enter here and in | | |
| 4a Additional section 263A costs | | | Part I, line 2 | 7 | |
| (attach schedule) | 4a | | | | |
| b Other costs (attach schedule) | 4b | | 8 Do the rules of section 263A (with respect to | | |
| 5 Total. Add lines 1 through 4b | 5 | | property produced or acquired for resale) apply | | Yes No |
| | | | to the organization? | | <input type="checkbox"/> <input checked="" type="checkbox"/> |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

| | |
|-----|--|
| (1) | |
| (2) | |
| (3) | |
| (4) | |

2. Rent received or accrued

| | | |
|--|--|--|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|---|---|---|--|---|
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals ► | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| Total dividends-received deductions included in column 8 ► | | | | |

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

Totals ▶

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |

Totals ▶

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | Enter here and on page 1, Part II, line 26. |

Totals ▶

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

Totals (carry to Part II, line (5)) . . . ▶

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|---|---|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I. ▶ | | | | | | |
| Totals, Part II (lines 1-5) ▶ | Enter here and on page 1, Part I, line 11, col (A). | Enter here and on page 1, Part I, line 11, col (B). | | | | Enter here and on page 1, Part II, line 27. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | |