Form	99	9(0
Departn	nent of t	he T	reasury

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.

. - - - -- 1- -. . . . / . Open to Public

6

OMB No. 1545-0047

Q

		enue Servi		Information a	about Form 990 and its i	instruction	s is at <i>www.ii</i>	rs.gov/	form990.		Ins	pection	on
AF	or th	e 2019) caler	ndar year, or tax year begir	ning	, 2019	, and endin	g			, 20		
В с	heck if ap	oplicable:		e of organization INTERNATIONAL I PERN HEMISPHERE REGION	PLANNED PARENTHOOD FED	ERATION			D Employer ic	lentifio	cation numb	per	
	Addre		Doing	Business As					13-184	545	5		
		change	Num	ber and street (or P.O. box if mail is	not delivered to street address	6)	Room/suite		E Telephone r	numbe	er		
	Initial	return	125	5 MAIDEN LANE			9TH FL	1	(212) 24	8 - 6	5400		
	Term	inated	City of	or town, state or province, country, a	and ZIP or foreign postal code								
	Amer		NEV	V YORK, NY 10038					G Gross receip	ots \$	5б,	053,	,510.
		cation	F Nam	e and address of principal officer:	GISELLE CARIN	IO			H(a) Is this a gro subordinate		Irn for	Yes	X No
			125	5 MAIDEN LANE, 9TH 1	FL, NEW YORK, NY	Y 10038			H(b) Are all subor		included?	Yes	No
I	Tax-ex	empt sta	itus:	X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1)	or 52	7	lf "No," atta	ch a lis	t. (see instructi	ions)	
J	Websi	te: 🕨	WWW.	IPPFWHR.ORG					H(c) Group exen	nption n	number 🕨		
к	Form	of organi	zation:	X Corporation Trust	Association Other ►		L Year of	f format	ion: 1954 M	State	of legal don	nicile:	NY
P	art I	Sun	nmary										
Governance	1	LIFE	OF_	be the organization's mission o INDIVIDUALS BY CAME TIVE HEALTH AND RIC	PAIGNING FOR SEX	UAL AN	D			IE Q	UALITY		
'ern	2	Check	this bo	x if the organization d	iscontinued its operations	s or dispose	ed of more the	an 25%	of its net asse				
80	3			ting members of the governing						3			9.
	4	Numbe	er of in	dependent voting members of t	he governing body (Part V	/I. line 1b)				4			9.
Activities &	5			of individuals employed in cale						5			98.
ť	6			of volunteers (estimate if necess						6			22.
Ac	7a	Total u	Inrelate	ed business revenue from Part V	III, column (C), line 12					7a			0
				business taxable income from						7b			0
									Prior Year		Curre	ent Ye	ar
¢	8	Contrib	outions	and grants (Part VIII, line 1h)					29,096,93	27.	37,	499	,737
nue	9			ice revenue (Part VIII, line 2g)			Y FOR			0.			0
Revenue	10			come (Part VIII, column (A), line		PUBLIC I	NSPECTION		589,6	53.		189	,219
œ	11	Other	revenu	e (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				371,7			480	,817
	12			e - add lines 8 through 11 (must					30,058,3	78.	38,	169	,773
	13	Grants	and s	milar amounts paid (Part IX, colu	umn (A), lines 1-3)				15,719,9	57.	19,	214	,505
	14	Benefi	ts paid	to or for members (Part IX, colu	mn (A), line 4)					0.			0
ŝ	15			er compensation, employee bene					8,978,2		9,	159	,567
Expenses	16a	Profes	sional	fundraising fees (Part IX, column	(A), line 11e)				110,0	D0.		180	,793
ă.	b	Total f	undrais	sing expenses (Part IX, column (I	D), line 25) ▶3 , 2	223,088	·						
ш	17	Other	expens	es (Part IX, column (A), lines 11	a-11d, 11f-24e)				6,006,3				,995
	18			es. Add lines 13-17 (must equal					30,814,5				,860
	19	Reven	ue less	expenses. Subtract line 18 from	n line 12				-756,1		3,	426	,913
s or								Begin	ning of Current			of Year	
sset	20								89,454,6				,785
Net Assets or Fund Balances	21			s (Part X, line 26)					23,660,7		-		,191
	<u>.</u>			fund balances. Subtract line 21	from line 20				65,793,93	38.	73,	145	,594
	art II			e Block									
				 I declare that I have examined the Declaration of preparer (other that 						fmy	knowledge a	and be	lief, it is
	,				,				11.0	= / 0			
Sig	ın		2:00004	e of officer					11/0	5/2	020		
He						a do			Date				
		🖻 -		TINE GARRISON		CFO							
			,,	print name and title	Bronoror's signature		Dete			т т.			
Paic	ł			parer's name	Preparer's signature	in Rubber	Date 11/5/2020	n	Check] "	PTIN	401	
	- parer	KRIS		RUFFINI	rusi	wir wordfor	11/0/2020	-	self-employ		P00741		
	Only	Firm's		► BDO USA, LLP		017 500	11		Firm's EIN 🕨		538159		
N.4.	· 41- · · ·			▶ 100 PARK AVENUE					Phone no.	212	-885-8		<u> </u>
				is return with the preparer show)		<u></u>	<u></u>		<u> </u>		No
⊢or	Pape	rwork F	≺educt	ion Act Notice, see the separat	e instructions.						Form	990	(2019)

For	rm 990 (2019)	Page 2
Ρ	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:	
	IPPFWHR 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 If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 \$ 13,127,745. including grants of \$ 10,011,290.) (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 \$ 6,551,434. including grants of \$ 3,386,225.) (Revenue \$ 0.)
	NSTITUTIONAL DEVELOPMENT: ENHANCE OPERATIONAL EFFECTIVENESS AND
	OUBLE NATIONAL AND GLOBAL INCOME. IPPF/WHR IS COMMITTED AND HAS
	N ETHICAL OBLIGATION TO MAKE THE MOST OF ITS RESOURCES AND TO BE
	LEXIBLE AND RESPONSIVE TO CHANGING POLITICAL AND ECONOMIC
	ONTEXTS. TO MAXIMIZE THE NUMBER OF PEOPLE IPPF/WHR CAN SERVE, IT
	EEDS TO INCREASE ITS OPERATIONAL EFFECTIVENESS. IPPF/WHR MUST
	EMAIN RELEVANT, RESPONSIBLE, AND EFFICIENT IN HOW IT SEEKS
	UNDING, TRANSLATES IT INTO DEVELOPMENT OUTCOMES, AND SUSTAINS
	ERVICES TO MEET DEMAND. FOR MORE INFORMATION, SEE SCHEDULE O.

4c	(Code:) (Expenses \$	3,558,177. includir	ng grants of \$	1,425,136.) (Revenue \$	0.)	
	ADVOCACY:	GALVANIZE COMMI	TMENT AND SECU	RE LEGISLAT	TIVE, POLICY	, AND		
	REGULATORY	Y IMPROVEMENTS.	ALTHOUGH MANY	GOVERNMENTS	5 HAVE MADE			
	PUBLIC STA	ATEMENTS IN SUPP	ORT OF SEXUAL .	AND REPRODU	JCTIVE HEALT	h and		
	RIGHTS, AN	ND GENDER EQUALI	TY, MANY OF TH	EM HAVE FAI	ILED TO REAL	IZE		
	THEIR COMM	MITMENTS THROUGH	SUPPORTIVE LE	GISLATION,	POLICY, AND			
	FUNDING. 3	IPPF/WHR WILL FU	RTHER INVEST I	N ADVOCACY	AT ALL LEVE	LS,		
	INCLUDING	SUPPORTING MEMB	ER ASSOCIATION	S WITH CAPA	ACITY BUILDI	NG,		
	FUNDING, A	AND MONITORING.	IPPF/WHR WILL	TARGET KEY	INSTITUTION	S,		
	SUPPORT AN	ND FOSTER INTERE	STED PARLIAMEN	TARIANS, EN	IGAGE WITH			
	COMMUNITY	AND FAITH NETWO	RKS, AND INFLU	ENCE LOCAL	REGIONAL AN	D		
	INTERNATIO	ONAL PROCESSES.						

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

 (Expenses \$ 7,505,586. including grants of \$ 4,391,854.) (Revenue \$

 4e Total program service expenses ▶ 30,742,942.

o.)

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-	90 (2019)		F	Page 3
Part	IV Checklist of Required Schedules			
	In the experimentian described in section $(204/2)/(2)$ on $40.47/2)/(4)$ (other there a private foundation) (2.46) (Max 4		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
2	Did the organization required to complete Schedule D, Schedule O, Contributors (see instructions).	-		
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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		x	
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		11	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VI	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII.	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.04		X
10	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		254		Х
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		;	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 46			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030	2.000	Form	990	(2019)

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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 98 2b if at least one is reported on line 2a, differed decal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions). 3a 2b 3b Dit the organization have unrelated business gross income of \$1,000 or more valing the year? 3a 2 b If *Yes, * has it field a form 990-Tor this year? // * 10* to line 3b, provide an explanation on Schedule 0 3b 3a 2 At any time during the calendary war, dith te organization have an interest in, or asignature or other authority over, a financial account in a foreign country > See instructions for filing requirements tor FnCEN Form 114, Report of Foreign Bark and Financial Accounts (FEAR). Sa 3a Dad any taxable party notify the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$10,000, and did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible? 7a 7a 3b If the organization near every every distructions under section 170(c). a during the usy and/action include with every solicitation an express statement that such contributions of gifts were not tax deductible? 7a 7a 7a 3c If 'Yes, 'Id the organization nexelve astrely or indirecity, on apersonal benefit con	Form	990 (2019)		F	Page 5
Yes Number Yes Number 2a Enter the number of employees reported on form W-3. Transmittal of Wage and Tax 2a 98 4 b If at least one is reported on line 2a, did the organization file all required federal employment tax retures? 2b 3a 2a 98 4 b If ves, has model has and 2a is greater than 250, your way be required to ehile (see instructions). 3a 2a 3b 1 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a 2a 3b Dif ves, has file ad a Pompoliton that way of I/ Wo't or ina 8 abna faccount, or other infancial account?. 4a 3b 5a Bit Yes, has the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5a 2a 5a Was the organization include with avery soliclation an express statement that such contributions of the regenization neutration settile accounting organization receive a payment in excess of 375 mode pathy as a contribution and party for good and services provided? 7a 2a 7 Organization receive a payment in excess of 1370 or indirecity, to approhibited tax shelter transaction organization receive a payment in excess of 1376 mode pathy as a contribution and party for good and services provided? 7a 2	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year anding with or within the year covered by this return. 29 20 Note: If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? 3a 3a <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
Statements, filed for the calendar year anding with or within the year covered by this return. 29 20 Note: If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax returns? 3a 3a <t< th=""><th>2a</th><th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax</th><th></th><th></th><th></th></t<>	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2 3b If Yes, 'has it filed a Form 990-T for his year? If 'No' to line 3b, provide an explanation on Schedule 0 3b 2 3b If 'Yes, 'has it filed a Form 990-T for his year? If 'No' to line 3b, provide an explanation on Schedule 0 3b 3b 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 5d Was the organization aptry to a prohibited tax shelt transaction at any to a prohibited tax shelt transaction at any to a prohibited tax shelt transaction at any contributions that were not tax deductible as charitable contributions? 5a 2 61 If 'Yes, 'i di the organization include with every solicitation an express statement that such contributions? 5a 2 7 Or organization solicit any contributions that were not tax deductible as charitable contribution and party for goods and sarvices provided for tax power tax dequared to file form 8292? 7a 2 7 Or organization receive a payment in excess of \$75 made partly as a contribution and party for which it was required to file form 8292? 7c 2 7a If 'Yes,' indicate the number of Forms \$222					
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	b		2b	Х	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?,,,,,,,, .					
b If "Yes," has it lied a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedulo 0	3a		3a		Х
4a At any time during the calendar year, did the organization have an interest in, or asignature or other submity over, a financial account is a foreign country >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>			3b		
a financial account in a foreign country (such as bank account, securities account, or other financial account)? 4a 2 b If "Yes," enter the name of the foreign country > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 5a Was the organization a party to a prohibited tax shelter transaction? 5a 2 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a 2 6a Does the organization balt was on tax party to a prohibited tax shelter transaction? 5a 2 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a 2 7 Organization statu way receive deductible contributions under section 170(c). a Did the organization include with every solicitation and express provided? 7a 2 7 Dreganization receive a payment in excess of S75 made partly as a contribution and partly for goods and services provided to the payor? 7a 2 7b If "Yes," did the organization and, scretcher any time divised from 8282 arequired? 7d 7d 7d 7 Us of the organization receive any forming. directly or indirectly, to pay premiums on a personal benefit contract? 7e 2 7 If Yes," indicate the number of Forms 8282 filed during the year					
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15			12a		
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Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15	а		13a		
the organization is licensed to issue qualified health plans 13b 13b 13c c Enter the amount of reserves on hand 13c 14a 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a					
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 2 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a </th <th></th> <th></th> <th></th> <th></th> <th></th>					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15			4.4-		X
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 2					
excess parachute payment(s) during the year?			140		
	15		15		х
			10		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	16		16		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 2 If "Yes," complete Form 4720, Schedule O. If "Yes," complete Form 4720, Schedule O. If "Yes," complete Form 4720, Schedule O.	10		10		

Form **990** (2019)

Form §	990 (2019)		F	Page 6
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 on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
, u	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
N N	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
N N	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
U	rise to conflicts?	12b	Х	
~	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
U	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	Х	
D				
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
108		16a	Х	
L	with a taxable entity during the year?	Tou		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	Х	
Sect	ion C. Disclosure	100		I
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ATTACHMENT 1			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	- (900	tion F	(01/a)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(390)	1011 0	01(0)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	finte	·oct ·	oliov
19	and financial statements available to the public during the tax year.	n milei	σοι μ	Juney,
20		lc 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record CHRISTINE GARRISON 125 MAIDEN LANE, 9TH FLOOR, NEW YORK, NY 10038 212-214-0204	0		
JSA		Form	990	(2019)

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c		Reportable	Reportable	Estimated amount
	hours per week					is both or/trust		compensation from the	compensation from related	of other compensation
	(list any						,	organization	organizations	from the
	hours for	r dir	nstit	Officer	ey e	mple	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	Institutional	θ	Key employee	est c	er			related organizations
	organizations below	or tru	nal t		oye	mp				
	dotted line)	stee	trustee		U U	bens				
			ĕ			Highest compensated employee				
(1) GISELLE CARINO	35.00									
CEO AND REGIONAL DIRECTOR	0.			Х				302,405.	0.	96,926.
(2) CHRISTINE GARRISON	35.00									
CHIEF FINANCIAL OFFICER	0.			Х				195,581.	0.	78,909.
(3) MARIA ANTONIETA ALCALDE	35.00									
DIRECTOR OF ADVOCACY THRU 7/19	0.					Х		223,844.	0.	38,615.
(4) DEBORA DINIZ	35.00									
DEPUTY REGIONAL DIRECTOR	0.			Х				162,823.	0.	52,509.
(5) VICENTE DIAZ	35.00									
DEPUTY REGIONAL DIRECTOR	0.			Х				158,102.	0.	51,168.
(6) DANA ROGERS	35.00									
CHIEF DEV.& STRAT. PTP OFFICER	0.					Х		140,202.	0.	67,280.
(7) LESLIE VARKONYI	30.00									
CHIEF INFORMATION OFFICER	0.					Х		145,406.	0.	50,263.
(8) ALEJANDRA MEGLIOLI	35.00									
DIRECTOR OF PROGRAMS	0.					Х		146,629.	0.	35,544.
(9)MOIRA MENDOZA	35.00	-								
DIR. OF ORG. LEARNING & EVAL.	0.					Х		137,325.	0.	34,323.
(10) JOVANA RIOS CISNERO	1.00									
BOARD CHAIRPERSON	0.	Х		Х				0.	0.	0.
(11) ^{LIDIA CASAS}	1.00									
VICE CHAIRPERSON	0.	Х		Х				0.	0.	0.
(12) DIANA BARCO	1.00									
PRESIDENT OF THE REGION	0.	Х		Х				0.	0.	0.
(13) DARIO ROSARIO	1.00									
VICE PRESIDENT OF THE REGION	0.	X		Х				0.	0.	0.
(14) ROGER MCLEAN	1.00									
TREASURER	0.	X		Х				0.	0.	0.

Form 990 (2019)

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Form 990 (2019)

	t VII Section A. Officers, Directors, Tru		<u>, </u>											
	(A) Name and title	(B) Average hours per week (list any	box,	not ch unles	is pei	tion more rson i	e than o is both	an	(D) Reportable compensation from	(E) Reportable compensation fr related	om	Esti amo	(F) imated ount of ther	
		hours for related organizations below dotted line)	offic Individual trustee of or director	and Institutional trustee	Offi		Highest compensated employee	ee Former	- the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fror orgai and	ensati m the nizatio related nization	on d
.5)	YOLANDA JERONIMO	1.00	v		v				0					
6)	SECRETARY ADRIANA MENDOZA	0. 1.00	Х		X				0.	. (0.			
7)	BOARD MEMBER KOBE SMITH	0.	Х						0	. (0.			
	BOARD MEMBER	0.	Х						0.	. (0.			
8)	DONYA NASSER BOARD MEMBER	1.00	Х						0.		0.	-		
			Δ											
·														
1b c	Sub-total Total from continuation sheets to Part VII. So	ection A							1,612,317.		0.	5	05,5	53
d	Total (add lines 1b and 1c)							► b re	1,612,317. eceived more than	\$100,000 of	0.	5	05,	53
	reportable compensation from the organization		25				,						Yes	
	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>											3	103	
	For any individual listed on line 1a, is the songanization and related organizations greated and the songanizations of the songanization of the songanizatio	eater than	\$15	0,00	00?	lf	"Yes	s," (complete Schedu	le J for such	h		x	
5	<i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> e	accrue cor	mpen	satio	on f	rom	n any	un	related organization	on or individua		4 5	Δ	
Sec	tion B. Independent Contractors													L
	Complete this table for your five highest com compensation from the organization. Report c year.											tax		
	(A) Name and business add	ress							(B) Description of se	rvices	Corr	(C)	ation	
								1			5.0.11			

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 ▶ 9

Page	8
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		Check if Schedule O contains a response or note to an	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
lts ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
	с	Fundraising events 1c				
	d	Related organizations 1d 878,758.				
	е	Government grants (contributions) 1e 863,948.				
	f	All other contributions, gifts, grants,				
		and similar amounts not included above . 1f 35,757,031.				
	g	Noncash contributions included in				
		lines 1a-1f				
<u>a</u> C	h	Total. Add lines 1a-1f	37,499,737.			
-		Business Code				
Program Service Revenue	2a					
ue l	b					
m S /en	С					
Sev	d					
lo	е					
₽	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	474,828.			474,828
	4	Income from investment of tax-exempt bond proceeds	0.			
	5	Royalties	0.			
	-					
	6a	Gross rents 6a 480,817.				
	b					
	ک لہ	Rental income or (loss) 6c 480,817. Net rental income or (loss)	480,817.			480,817
	d 7a	Gross amount from (i) Securities (ii) Other	100,017.			100,017
	74	sales of assets				
		other than inventory 7a 17,598,128.				
e	b	Less: cost or other basis				
venue		and sales expenses 7b 17,883,737.				
a	с	Gain or (loss) 7c -285,609.				
Ř	d	Net gain or (loss)	-285,609.			-285,609
Other R	8a	Gross income from fundraising				
ō	ou	events (not including \$				
		of contributions reported on line				
		1c). See Part IV, line 18				
	b	Less: direct expenses				
	с	Net income or (loss) from fundraising events	0.			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 9a 0.				
	b	Less: direct expenses				
	С	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less				
		returns and allowances 10a 0.				
	b	Less: cost of goods sold				
	С	Net income or (loss) from sales of inventory	0.			
sņ		Business Code				
oeu	11a					
ven	b					
Miscellaneous Revenue	C					
Ϊ	d	All other revenue	0.			
	е 12	Total. Add lines 11a-11d►	38,169,773.			670,036
	14	Total revenue. See instructions	. 1/3, 201, 0د			070,036

Form 990 (2019)

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 resp	onse or note to anv line	e in this Part IX		
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations		·		·
and domestic governments. See Part IV, line 21	656,890.	656,890.		
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	18,557,615.	18,557,615.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	1,098,422.	471,764.	626,658.	
trustees, and key employees	1,090,422.	4/1,/04.	020,038.	
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	6,163,191.	4,490,170.	625,801.	1,047,220.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions	458,218.	346,509.	26,683.	85,026.
9 Other employee benefits	957,128.	715,422.	72,526.	169,180.
10 Payroll taxes	482,608.	335,044.	75,179.	72,385.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	61,801.		61,801.	
c Accounting	132,375.		132,375.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	180,793.		00.555	180,793.
f Investment management fees	82,556.		82,556.	
${\boldsymbol g}$ Other. (If line 11g amount exceeds 10% of line 25, column	1 720 602	1 205 027	0E 112	260 212
(A) amount, list line 11g expenses on Schedule O.)	1,739,682.	1,385,927.	85,443.	268,312.
12 Advertising and promotion	118,567.	88,334.	10,134.	20,099.
13 Office expenses	304,119.	214,183.	25,761.	64,175.
14 Information technology	0.	211,105.	23,701.	01,1,5.
15 Royalties	472,077.	332,472.	39,988.	99,617.
16 Occupancy 17 Travel	1,329,086.	1,205,794.	13,744.	109,548.
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	403,761.	269,435.	56,292.	78,034.
23 Insurance	68,718.	48,396.	5,821.	14,501.
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	020.070			020 070
aOTHER FUNDRAISING EXPENSES	932,078.	253,760.	72,314.	932,078.
bOTHER EXPENSES cOVERHEAD ALLOCATED	408,194.	1,236,246.	-1,236,246.	82,120.
dRESEARCH (SEE SCHEDULE O)	134,981.	134,981.	1,230,240.	
	131,701.	131,901.		
e All other expenses 25 Total functional expenses. Add lines 1 through 24e	34,742,860.	30,742,942.	776,830.	3,223,088.
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 \blacktriangleright if				
following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2019)

Form 990 (2019)

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Pa	art X		ort V		
		Check if Schedule O contains a response or note to any line in this P		<u></u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	17,256,535.	1	20,598,231.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	6,142,208.	3	10,624,636.
	4	Accounts receivable, net	0.	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
ets	7	Notes and loans receivable, net	390,187.	7	88,717
Assets	8	Inventories for sale or use	0.	8	0
A	9	Prepaid expenses and deferred charges	345,581.	9	312,863
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 14,472,928.			
	b		10,700,386.	10c	10,454,250.
	11	Investments - publicly traded securities.	34,814,122.	11	37,513,325.
	12	Investments - other securities. See Part IV, line 11	223,655.	12	289,457.
	13	Investments - program-related. See Part IV, line 11	19,575,756.	13	21,591,984.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	6,258.	15	17,322.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	89,454,688.	16	101,490,785.
	17	Accounts payable and accrued expenses	2,068,979.	17	2,106,766.
	18	Grants payable	3,066,897.	18	5,159,862.
	19		847,045.	19	728,285
	20	Tax-exempt bond liabilities	0.	20	10 162 605
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	16,526,614.	21	19,162,605.
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	0.		0
Lial	~ ~	controlled entity or family member of any of these persons	0.		0
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
	24 25	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	1,151,215.	25	1,187,673.
	26	Total liabilities. Add lines 17 through 25.	23,660,750.	25	28,345,191.
	20	Organizations that follow FASB ASC 958, check here ► X	2370007730.	20	2073137171.
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	28,803,497.	27	31,356,877.
Ba	28	Net assets with donor restrictions.	36,990,441.	28	41,788,717.
pu		Organizations that do not follow FASB ASC 958, check here ►		20	, , .
Ē		and complete lines 29 through 33.			
Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	65,793,938.	32	73,145,594.
Ź	33	Total liabilities and net assets/fund balances	89,454,688.	33	101,490,785.
					Form 990 (2019)

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Form 99	90 (2019)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		169,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		742,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		426,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		793,9	
5	Net unrealized gains (losses) on investments	5	2,	018,8	
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 on Schedule O)	9	1,	905,9	912.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	73,	145,5	594.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-		37	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain d	on		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th			37
	Single Audit Act and OMB Circular A-133?		. <u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		0000	
			Forr	n 990	(2019)

SCHE	DU	LE	A
(Form	990	or	990-EZ

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Part I

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Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection INTERNATIONAL PLANNED PARENTHOOD FEDERATION Employer identification number Name of the organization WESTERN HEMISPHERE REGION 13-1845455 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) instructions) instructions) document? Yes No

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1210 1.000

Schedule A (Form 990 or 990-EZ) 2019

OMB No. 1545-0047

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,254,040.	46,545,133.	26,344,396.	29,096,927.	37,499,737.	165,740,233.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	26,254,040.	46,545,133.	26,344,396.	29,096,927.	37,499,737.	165,740,233.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						75,582,074.
6	Public support. Subtract line 5 from line 4						90,158,159.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	26,254,040.	46,545,133.	26,344,396.	29,096,927.	37,499,737.	165,740,233.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	204,808.	365,529.	372,272.	921,796.	955,645.	2,820,050.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	7.					7.
11	Total support. Add lines 7 through 10						168,560,290.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Supp		-				F 2 40
14	Public support percentage for 2019 (lin		•			14	53.49% 49.06%
15	Public support percentage from 2018						
16a	33 1/3% support test - 2019. If the org	•					37
	box and stop here. The organization qu			-			
a	331/3% support test - 2018. If the org						
47-	this box and stop here . The organization	-		-			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	-					
	Part VI how the organization meets the					-	-
	organization			-	-		
h	10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organization						•
18	supported organization						· • 🗌
10	-						
	instructions						

Schedule A (Form 990 or 990-EZ) 2019

Page 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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		"	() 00/7	()) 0 0 (0	() 00 (0	(D T /)
Cale	ndar year (or fiscal year beginning in) 🕨 _	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First five years. If the Form 990 is for		Lion's first seco	nd third fourth	or fifth tax w	ar as a section	501(c)(3)
••	organization, check this box and stop here .	0	,	, ,	, j		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org	ganization did n	ot check the bo	ox on line 14, ar	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and sto r	here. The org	anization qualifies	s as a publicly	supported organi	zation . 🕨 📃
b	331/3% support tests - 2018. If the orga	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3$ %, check	this box and st	t op here. The or	ganization qualifi	es as a publicly	supported organi	zation
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,			
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	00620P 702V		V 19-7.5F	2	335083		PAGE 1

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

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

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3a

3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

10b

Page 4

Yes No

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Schedule A (Form 990 or 990-EZ) 2019 Page 5 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? 11a 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 1 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization. describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a

- h Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below. 3 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

2b

3a

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatior	IS	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Sectio	ns 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 Observe to the second second second second sector of a structure of the second secon			

7 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) 2019

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Schedule A (Form 990 or 990-EZ) 2019

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	oupporting organizat		Current Year
1	Amounts paid to supported organizations to accomplish ex	vempt purposes		Guirent Tea
2	Amounts paid to perform activity that directly furthers exer		od	
2	organizations, in excess of income from activity		eu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	20110115	
4 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 resp	onsive	
0	(provide details in Part VI). See instructions.		013100	
9	Distributable amount for 2019 from Section C, line 6			
3 10	Line 8 amount divided by line 9 amount			
10	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
2	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
a b	From 2015			
c	From 2016			
d	From 2017			
e				
f	From 2018 Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>9</u> h	Applied to 2019 distributions of phot years			
i	Carryover from 2014 not applied (see instructions)			
+	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
ر 4	Distributions for 2019 from			
-	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributions of phot years			
C	Remainder. Subtract lines 4a and 4b from 4.			
ر 5	Remaining underdistributions for years prior to 2019, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
o a	Excess from 2015			
a b	Excess from 2016			
D C	Excess from 2017			
d	Excess from 2018			
u	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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	2015	2016	2017	2018	2019	TOTAL		
OTHER REVENUE	7.					7.		
TOTALS	7					7.		

Schedule B	Schedule B Schedule of Contributors			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	2019			
Name of the organization	Employ	/er identification number		
INTERNATIONAL P	LANNED PARENTHOOD FEDERATION			
WESTERN HEMISPH	ERE REGION 13-	1845455		
Organization type (ch	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 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, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA 9E1251 1.000

Name of o	organization INTERNATIONAL PLANNED PARENTHOO WESTERN HEMISPHERE REGION	D FEDERATION	Employer identification number 13-1845455
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$9,571,722.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,827,867.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,185,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,028,274.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$878,758.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$4,083,189.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 2

	rganization INTERNATIONAL PLANNED PARENTHOC WESTERN HEMISPHERE REGION		Employer identification numbe 13-1845455
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	WESTERN HEMISPHERE REGION	13-1845455				
Part II	Noncash Property (see instructions). Use duplicate copies o	f Part II if additional space is nee	eded.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
6	DONATED STOCKS					
		\$ 4,083,189.	VAR			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page 3

Employer identification number

	(Form 990, 990-EZ, or 990-PF) (2019)			Page 4
Name of or	rganization INTERNATIONAL PLANNED WESTERN HEMISPHERE REG		ERATION	Employer identification number 13-1845455
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	, contributions to o the year from any ions completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Transf	er of nift	
	Transferee's name, address, ar			nship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	•	on Form 990, Part IV, line 3, or Form		6 (Political Campaign Activi	ties), then
		Complete Parts I-A and B. Do not comp		Do not complete Dort I D	
	Section 501(c) (other than sector	on 501(c)(3)) organizations: Complete	Parts I-A and C below. I	Jo not complete Part I-B.	
	5 1	on Form 990, Part IV, line 4, or Form	000-E7 Part VI line 4	7 (Lobbying Activities) the	
	-	that have filed Form 5768 (election ur			
		that have NOT filed Form 5768 (election and		•	•
		on Form 990, Part IV, line 5 (Proxy		<i>,,</i> ,	•
	(see separate instructions), then		, (,,	, ,
	Section 501(c)(4), (5), or (6) orga	-			
Nam	e of organization INTERNATI	ONAL PLANNED PARENTHOOD	FEDERATION	Employer ide	ntification number
WES	TERN HEMISPHERE REGI			13-184	
Par	t I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (see ir	nstructions for
	definition of "political campa	lign activities")		, , , , , , , , , , , , , , , , , , ,	
2		xpenditures (see instructions)		▶\$	
3		campaign activities (see instructio			
	t I-B Complete if the o	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 105	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagere under sooti	⊂	
2		a section 4955 tax, did it file Form			
-					
					YesNo
	If "Yes," describe in Part IV.		anotion E04(a) as	reaction E04(a)/2	<u>, </u>
Par	•	organization is exempt under	· · ·	• • • • • •	<i>)</i> .
1		xpended by the filing organization		•	
2		g organization's funds contributed			
	527 exempt function activitie	es		▶\$	
3		enditures. Add lines 1 and 2. En			
	line 17b			▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numb	per (EIN) of all section	on 527 political organiza	ations to which the filing
		s. For each organization listed, er			
		tributions received that were pron			
	as a separate segregated fur	nd or a political action committee (PAC). If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(1)			4		
(2)			4		
(3)					
(4)					
. ,			1		
(5)					
(-)			1		
(6)					
(0)			-		
	Demonstration Art Mart	a see the Instructions for Form CCC	- 000 E7	<u> </u>	
FOL F	aperwork Reduction Act Notice	e, see the Instructions for Form 990 o	r 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2019

Political Campaign and Lobbying Activities

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

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

Attach to Form 990 or Form 990-EZ.

Complete if the organization is described below.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service



Open to Public

Inspection

Part II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
	longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	er's name,
B Check ► if the filing organization che	ecked box A and "limited control" provisions app	oly.	
	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grassroots lobbying)	185,000.	
	a legislative body (direct lobbying)	125,000.	
	a and 1b)	310,000.	
		30,432,942.	
	d lines 1c and 1d)	30,742,942.	
f Lobbying nontaxable amount. Enter th columns.	e amount from the following table in both	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	5% of line 1f)	250,000.	
	ess, enter -0-	0.	0
i Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.	0
	on either line 1h or line 1i, did the organiza	tion file Form 4720	

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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	94,277.	223,037.	384,000.	310,000.	1,011,314.		
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	53,100.	90,855.	198,000.	185,000.	526,955.		

Schedule C (Form 990 or 990-EZ) 2019

Schedule C	(Form	990 or	990-EZ) 2019
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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)).

For	for each "Vea" represent on lines to through the below provide in Port IV a datailed		a)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 \ldots			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year.	2b	
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	4	
	and political expenditure next year?	-	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

SCHEDULE D		Supplem	ental Financi	al Statement	\$	OMB No. 1545-00	47
(Fo	rm 990)	Complete if t	the organization answe	ered "Yes" on Form 990	,	2019	
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c, ▶ Attach to Form 9	Open to Publi	ic		
	rtment of the Treasury nal Revenue Service	► Go to www.irs.gov/	v/Form990 for instructions and the latest informati				
	e of the organization	INTERNATIONAL PLANNED	PARENTHOOD FEDI	ERATION	Em	ployer identification number	_
_	STERN HEMISPHE			<u></u>		13-1845455	
Pa	-	tions Maintaining Donor Adv			Acc	ounts.	
	Complete	e if the organization answered	(a) Donor ad			(b) Funds and other accounts	
1	Total number at a	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5	Did the organizat	ion inform all donors and donor	advisors in writing t	that the assets held	in do		
	-	anization's property, subject to the	-	-			lo
6	-	ion inform all grantees, donors, a					
	,	e purposes and not for the bene nissible private benefit?		•			lo
Pa		ation Easements.			<u></u>		<u> </u>
		e if the organization answered	"Yes" on Form 990), Part IV, line 7.			
1	Purpose(s) of cor	nservation easements held by the	organization (check a	all that apply).			
		on of land for public use (for example	, recreation or education)			nistorically important land area	
		of natural habitat		Preservation	of a d	certified historic structure	
2		n of open space a through 2d if the organization he	ald a qualified concor	nation contribution in	tha f	form of a concernation	
2		last day of the tax year.	eiu a quaimeu conser	valion contribution in		Held at the End of the Tax Yea	ar
а		onservation easements			2a		
b		tricted by conservation easements			2b		
С		rvation easements on a certified			2c		
d	Number of conse	rvation easements included in (c	acquired after 7/25	5/06, and not on a			
		listed in the National Register			2d		
3		ervation easements modified, tra	nsferred, released, e	xtinguished, or term	nated	d by the organization during	the
4	tax year ►	where property subject to conse	nuction accoment is la				
4 5		zation have a written policy reg			ion I	handling of	
•	•	forcement of the conservation ea				•	No
6		hours devoted to monitoring, insp					
	▶						
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violat	tions, and enforcing c	onser	vation easements during the ye	ear
•	►\$						
8		vation easement reported on line 2 a)(4)(B)(ii)?					No
9		ibe how the organization reports					NU
-	•	id include, if applicable, the text of					
		counting for conservation easeme					
Pa		tions Maintaining Collections			r Sim	nilar Assets.	
	•	e if the organization answered					<u> </u>
1a		n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote					
b	art, historical trea provide the follow	n elected, as permitted under F/ sures, or other similar assets he ring amounts relating to these iter	ld for public exhibitions:	on, education, or res	earch	in furtherance of public serv	vice,
		ded on Form 990, Part VIII, line 1					
~		ed in Form 990, Part X.					
2	•	on received or held works of a s required to be reported under F.			asset	s for financial gain, provide	the
а		I on Form 990, Part VIII, line 1				► \$	
b	Assets included in	n Form 990, Part X		<u> </u>	<u></u> .	· · · · ▶ \$	
For		n Act Notice, see the Instructions for				Schedule D (Form 990) 2	2019

Schee	dule D (Form 990) 2019										Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histor	ical Tre	easures	, or Othe	er Similar /	Assets (C	ontinue	əd)	
3	Using the organization's acquisitio		other record	s, checł	k any of	f the follo	owing that r	nake sign	nificant	use c	of its
	collection items (check all that appl	iy):	. —								
a	Public exhibition		d		or excha	inge progi	am				
b	Scholarly research		е	Other							
С	Preservation for future gener										
4	Provide a description of the organ XIII.	nization's collections	and explai	n how t	they fur	ther the o	organization	's exempt	i purpos	se in	Part
5	During the year, did the organizatio	on solicit or receive o	donations of	art, histo	orical tre	easures, o	r other simi	lar			
	assets to be sold to raise funds rath	er than to be mainta	ained as par	t of the o	organiza	tion's coll	ection?	[Yes		No
Ра	rt IV Escrow and Custodial A		· · ·								
	Complete if the organiza		es" on Form	n 990, F	Part IV,	line 9, or	reported a	in amour	nt on Fo	orm	
	990, Part X, line 21.										
1a	Is the organization an agent, truste	e, custodian or othe	er intermedi	ary for c	ontribut	ions or oth	ner assets no	ot			
	included on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in							<u>_</u>			_
				0]			Amount			
с	Beginning balance					1c					
	Additions during the year					1d					
e	Distributions during the year					1e					
f	Ending balance				-	1f					
2a	Did the organization include an am						al account lia	ability?	X Yes		No
	If "Yes," explain the arrangement in										-
	rt V Endowment Funds.							<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	•	
1 0	Complete if the organiza	tion answered "Ye	es" on Forn	n 990 F	Part IV	line 10					
		(a) Current year	(b) Prior			years back	(d) Three	vears back	(e) Four	vears	hack
		10,620,626.	10,272			791,059		1,913.			898.
1a	Beginning of year balance	12,790.	1,595			796,343		<u>+,,,</u> ,,,			066.
	Contributions	12,790.	±,575	,011.	5,7	,515	•			,	
С	Net investment earnings, gains,	1,612,015.	_962	,172.		950,456	20	5,513.		216	633.
	and losses	1,012,013.	-802	, 1 / 2 .		,450	. 29	5,515.		240,	035.
	Grants or scholarships										
е	Other expenditures for facilities		205	200			1 -	c 207	1	1 - 7	410
	and programs	360,337.	385	,308.	4	265,393	. 15	6,367.		15/,	418.
f	Administrative expenses	11 005 004	10 00	606	10.0		F = = 0	1 0 5 0		C F 1	010
g	End of year balance	11,885,094.	10,620	,626.	10,2	272,465	. 5,79	1,059.	5,	651,	913.
2	Provide the estimated percentage	of the current year of	end balance	(line 1g,	column	(a)) held a	as:				
а	Board designated or quasi-endowm		_%								
b	Permanent endowment	%									
С	Term endowment ▶ 16.0000										
	The percentages on lines 2a, 2b, a										
3a	Are there endowment funds not in	the possession of th	ne organizat	ion that	are held	d and adm	ninistered for	' the	г		
	organization by:								\rightarrow	Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as require	d on Sch	edule R'	?			3b	Х	
4	Describe in Part XIII the intended u										
Ра	rt VI Land, Buildings, and Equ Complete if the organization	ipment.	oc" on Forr	m 000 I	Dort IV	lino 11o	Soo Form	000 Do	rt V lin	~ 10	
	Description of property	(a) Cost or		(b) Cost (. See FOIII		li L A, III I) Book va		<u> </u>
		(a) Cost of (invest			ther)		preciation	(0	, DOUK VA		
1a	Land	[
b	Buildings	[12,9	966,07	5. 2,	746,153.		10,2	19,9	22.
с	Leasehold improvements				26,11	6.	26,116.				
d	Equipment.			5	589,25	7.	585,457.			3,8	300.
	Other			8	391,48	0.	660,952.		2	30,5	528.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part)	, columi	n (B), lin	e 10c.)			10,4	54,2	250.
-		· · ·									

Schedule D (Form 990) 2019

Investments - Other Securities.

Part VII

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 (b) Book value (c) Method of valuation: (including name of security) 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.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: (a) Description of investment Cost or end-of-year market value 21,591,984 FMV INTEREST IN THE IPPF WHR FUND (1) (2) (3) (4) (5) (6) (7) (8) (9) 21,591,984 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 CHARITABLE GIFT ANNUITIES 1,187,673. (2)(3) (4) (5) (6)(7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,187,673. ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Х JSA 9E1270 1.000 Schedule D (Form 990) 2019 00620P 702V V 19-7.5F 2335083 PAGE 32

Schedu	le D (Form 990) 2019				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV			n.	
1	Total revenue, gains, and other support per audited financial statements			1	42,403,601.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
- a	Net unrealized gains (losses) on investments	2a	2,018,831.		
b	Donated services and use of facilities	2b	391,641.		
	Recoveries of prior year grants.	2c			
С С	Other (Describe in Part XIII.)		1,905,912.		
d				2e	4,316,384.
e	Add lines 2a through 2d			3	38,087,217.
3	Subtract line 2e from line 1	•••		5	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	82,556.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	02,000.		
b	Other (Describe in Part XIII.)			4c	82,556.
_ C	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)			4C 5	38,169,773.
5 Part				-	50,100,110.
Pari	Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	35,051,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	391,641.		
b	Prior year adjustments	2b			
с	Other losses.	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	391,641.
3	Subtract line 2e from line 1			3	34,660,304.
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	82,556.		
b	Other (Describe in Part XIII.)	4b			
c c	Add lines 4a and 4b			4c	82,556.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	34,742,860.
_	XIII Supplemental Information.			-	
	a the descriptions required for Dort II lines 2. E. and 0; Dort III lines 1s and 4; [/ lines the and the F	Oct 1/	line 4: Dort V line

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, 2019, IPPFWHR HELD \$1,539,387 ON BEHALF OF IPPF FOR CAPE VERDE FUNDS. THESE FUNDS, ORIGINALLY RECEIVED BY IPPF FROM THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) FOR CAPE VERDE FUNDS, ARE TO BE USED AS A QUASI-ENDOWMENT FUND TO PROVIDE A PERMANENT SOURCE OF FINANCIAL SUPPORT FOR FAMILY PLANNING AND SEXUAL AND REPRODUCTIVE HEALTH PROGRAMS IN CAPE VERDE, AFRICA. IPPFWHR HAS INVESTED THESE FUNDS ON BEHALF OF IPPF FOR CAPE VERDE FUNDS.

IN APRIL 2005, APROFAM ASSOCIATION PRO-BIENESTAR DE LA FAMILIA DE GUATEMALA, A MEMBER ASSOCIATION, DESIGNATED IPPFWHR 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. AS AGENT, IPPFWHR SHALL HAVE NO LIABILITY TO APROFAM FOR ANY ACTIONS OR FAILURE TO ACT UNDER THE CUSTODIAN AGREEMENT. IPPFWHR INVESTED THE APROFAM FUNDS OF \$7,593,524 IN APRIL 2005. AT DECEMBER 31, 2019, THESE FUNDS WERE VALUED AT \$17,623,218. NO DISTRIBUTIONS WERE MADE DURING 2019.

USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

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

THE EFS IS A DONOR-RESTRICTED FUND CREATED BY IPPFWHR AND USAID AS A

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Part XIII Supplemental Information (continued)

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

UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

IPPFWHR IS NOT SUBJECT TO INCOME TAXES, EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. IPPFWHR 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: CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES:

\$ 1,905,912

\$ 2,016,228

\$ (110,316)

_ _ _ _ _ _ _ _ _ _ _ _ _

TOTAL:

Schedule D (Form 990) 2019

SCHEDULE F	Statement of Activities Outside the United St	Activities Outside the United States OMB No. 1545		
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1	2019		
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection	
Name of the organization I	Employer identification number			
WESTERN HEMISPHE	CRE REGION	13-18-	45455	
	nformation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizati	on answered "Yes" on	
-	. Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to		

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

(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		4,695,886.
(2) SOUTH AMERICA	0.	0.	GRANTMAKING		12,208,054.
(3) NORTH AMERICA	0.	0.	GRANTMAKING		1,609,960.
(4) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		43,715.
(5) SOUTH AMERICA	0.	4.	PROGRAM SERVICES	TECHNICAL ASSISTANCE	653,056.
(6) NORTH AMERICA	0.	5.	PROGRAM SERVICES	TECHNICAL ASSISTANCE	679,097.
(7) EUROPE	0.	0.	INVESTMENTS		289,457.
(8)					
(9)					
10)					
11)					
12)					
13)					
14)					
15)					
16)					
17) 2a Subtatal					00.170.075
 Subtotal Total from continuation sheets to Part I 		9.			20,179,225.
c Totals (add lines 3a and 3b) or Paperwork Reduction Act Notice, see		9.			20,179,225. F (Form 990) 20

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 9E1274 1.000 00620P 702V

1

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(a) Name of

organization

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

(b) IRS code

section and EIN (if applicable)

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019

CENT. AMERICA/CARIBBEAN	SUPPORT	38,007.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	24,077.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	99,232.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	60,044.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	73,032.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	663,244.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	424,492.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	612,351.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	720,994.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	307,022.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	138,322.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	126,947.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	298,152.	WIRE		
	OPERATING				
CENT. AMERICA/CARIBBEAN	SUPPORT	25,778.	WIRE		
	OPERATING	20,,,0.			
CENT. AMERICA/CARIBBEAN	SUPPORT	189,242.	WIRE		
	OPERATING	109,212.			
CENT. AMERICA/CARIBBEAN	SUPPORT	359,362.	WIRE		
CENI. AMERICA/CARIBBEAN	SOFFORI	555,502.	WIKE		

Schedule F (Form 990) 2019 Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

(d) Purpose of

grant

OPERATING

(f) Manner of

cash disbursement

(e) Amount of

cash grant

2335083

(h) Description

of noncash

assistance

(g) Amount of

noncash

assistance

(i) Method of

valuation (book, FMV,

appraisal, other)

00620P 702V

Schedule F (Form 990) 2019 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part II

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				OPERATING					
(1)			CENT. AMERICA/CARIBBEAN	SUPPORT	290,524.	WIRE			
				OPERATING					
(2)			CENT. AMERICA/CARIBBEAN	SUPPORT	242,226.	WIRE			
				OPERATING					
(3)			NORTH AMERICA	SUPPORT	1,609,960.	WIRE			
				OPERATING					
(4)			SOUTH AMERICA	SUPPORT	1,634,588.	WIRE			
				OPERATING					
(5)			SOUTH AMERICA	SUPPORT	579,592.	WIRE			
				OPERATING					
(6)			SOUTH AMERICA	SUPPORT	3,727,642.	WIRE			
				OPERATING					
(7)			SOUTH AMERICA	SUPPORT	348,022.	WIRE			
				OPERATING					
(8)			SOUTH AMERICA	SUPPORT	369,446.	WIRE			
				OPERATING					
(9)			SOUTH AMERICA	SUPPORT	1,401,825.	WIRE			
				OPERATING					
(10)			SOUTH AMERICA	SUPPORT	170,691.	WIRE			
				OPERATING					
(11)			SOUTH AMERICA	SUPPORT	1,168,235.	WIRE			
				OPERATING					
(12)			SOUTH AMERICA	SUPPORT	324,099.	WIRE			
				OPERATING					
(13)			SOUTH AMERICA	SUPPORT	514,818.	WIRE			
				OPERATING					
(14)			SOUTH AMERICA	SUPPORT	276,183.	WIRE			
				OPERATING					
(15)			SOUTH AMERICA	SUPPORT	90,198.	WIRE			
				OPERATING					
(16)			SOUTH AMERICA	SUPPORT	55,000.	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

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Schedule F (Form 990) 2019

►

Part II

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
				OPERATING					
(1)			SOUTH AMERICA	SUPPORT	15,000.	WIRE			
				OPERATING					
(2)			SOUTH AMERICA	SUPPORT	498,774.	WIRE		_	
				OPERATING					
(3)			SOUTH AMERICA	SUPPORT	621,866.	WIRE			
				OPERATING					
(4)			SOUTH AMERICA	SUPPORT	119,395.	WIRE			
				OPERATING					
(5)			SOUTH AMERICA	SUPPORT	177,680.	WIRE			
				OPERATING					
(6)			SOUTH AMERICA	SUPPORT	15,000.	WIRE			
				OPERATING					
(7)			SOUTH AMERICA	SUPPORT	90,000.	WIRE			
				OPERATING					
(8)			SOUTH AMERICA	SUPPORT	10,000.	WIRE			
				OPERATING					
(9)			SUB-SAHARAN AFRICA	SUPPORT	17,013.	WIRE			
				OPERATING					
(10)			SUB-SAHARAN AFRICA	SUPPORT	26,702.	WIRE			
(11)									
(10)									
(12)									
(40)									
(13)									
(4.4)									
(14)						++			
(15)									
(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 ►

3 Enter total number of other organizations or entities

42.

Schedule F (Form 990) 2019

Page 2

Schedule F (Form 990) 2019

(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)							

Schedule F (Form 990) 2019

Page 3

Schedule F (Form 990) 2019

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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 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	No 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 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Page 5

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

IPPFWHR'S FOREIGN GRANTEES 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 IPPFWHR STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS.

ALL GRANTS EXCLUDING MEMBER ASSOCIATION CORE GRANTS

IPPFWHR'S FOREIGN GRANTEES 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 IPPFWHR STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS AND DONORS RULES & REGULATIONS. NARRATIVES AND FINANCIALS SHOULD BE SUBMITTED

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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 IPPFWHR AS PER THE REPORTING SCHEDULE INCLUDED IN EACH AGREEMENT.

2335083

SCHEDULE G	nformation Re		OMB No. 1545-0047				
(Form 990 or 990-EZ)	Complete if th	e organization answer organization entered n	red "Yes" on nore than \$1	Form 990, F 5.000 on For	Part IV, line 17, 18, or 1 rm 990-EZ. line 6a.	9, or if the	2019
	-		to Form 990				Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form	990 for instr	uctions and	the latest information.		Inspection
Name of the organization	INTERNATIONAL	PLANNED PARE	NTHOOD	FEDERA	TION	Employer identificati	on number
WESTERN HEMISPHE						13-1845455	
	g Activities. Compl	•			Yes" on Form 99	90, Part IV, line 1	7.
	EZ filers are not rec				activitian Charles		
1 Indicate whether a X Mail solicita	•	eu iunus iniougna e		•	non-government g		
	l email solicitations	f			government grant		
c Phone solici		q			ising events	0	
d X In-person so		5			5		
2a Did the organiza	tion have a written or	oral agreement w	ith any inc	dividual (in	cluding officers, d	lirectors, trustees,	
	es listed in Form 990,	· ·		•		•	X Yes No
	10 highest paid indiv least \$5,000 by the o		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
compensated at	least \$5,000 by the 0	nganization.					
			(m) = 1 ((v) Amount paid to	
(i) Name and addr		(ii) Activity		draiser have r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or entity (fu	inuraiser)		contrib	utions?	from activity	col. (i)	organization
			Yes	No			
1							
ATTACHMENT 1							
2							
3							
•							
4							
5							
6							
0							
7							
8							
9							
10							
				I			
Total				►	3,370,258.	. 180,793	. 3,189,465.
	which the organizati	ion is registered o	or licensed	l to solicit	contributions or	has been notified	I it is exempt from
registration or lic	-						
AL, AK, AR, CA, CO, CK, KY, ME, MD, MA, M)U			
OK, OR, PA, RI, SC,			INC, IND, C	л,			
For Paperwork Reduction A	Act Notice, see the Instructi	ons for Form 990 or 9	90-EZ.			Schedule G (Fo	orm 990 or 990-EZ) 2019

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 (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 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. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No 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) ► Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? Yes а No If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a Yes No b If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

Schedule G (Form 990 or 990-EZ) 2019

Part II

Schedule G (Form 990 or 990-EZ) 2019

Page 2

Sched	ule G (Form 990 or 990-EZ) 2019 Page 2	3
11	Does the organization conduct gaming activities with nonmembers?	ົ
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?)
13	Indicate the percentage of gaming activity conducted in:	
a L	• • • • • • • • • • • • • • • • • • • •	<u>%</u> %
b 14	An outside facility [13b] 9 Enter the name and address of the person who prepares the organization's gaming/special events books and	<u>'0</u>
14	records:	
	Name	
	Address	·
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	_
h	revenue?	,
N N	amount of gaming revenue retained by the third party \blacktriangleright \$	
с	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:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?)
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$	
Part		-
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	
	(see instructions).	
FUNI	DRAISING ACTIVITIES	
COILI	EDULE G, PART I, LINE 2B:	
ЗСП	DULE G, PARI I, LINE 2B.	
DUR	ING 2019, IPPFWHR PAID MAL WARWICK DONOR-DIGITAL A \$189,043 RETAINER	
FEE	FOR PRINTING AND MAILING SERVICES, INCLUDING STRATEGY ON MAILINGS, AS	
REP	ORTED ON SCHEDULE G. IPPFWHR ALSO REIMBURSED MAL WARWICK DONOR-DIGITAL	
87 <i>6</i>		
φ/0.	2,129 FOR COSTS RELATED TO DESIGN, PRINTING, FULFILLMENT, AND POSTAGE	
OF 1	DIRECT MAIL CAMPAIGNS.	

Schedule G (Form 990 or 990-EZ) 2019

Sched	dule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility 13a		%
b			%
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		
IUU	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 ► \$		
С			
	Name		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Part	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informa (see instructions).		

Schedule G (Form 990 or 990-EZ) 2019

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
MAL WARWICK DONOR-DIGITAL	MAIL AND ONLINE	Х	3,370,258.	180,793.	3,189,465.
1625 K STREET NW, SUITE 300 WASHINGTON DC 20006					

SCHEDULE I		Grants a		OMB No. 1545-0047				
(Form 990)			•	ndividuals i				2019
	Com	plete if the o	-	swered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go	P	/Form990 for the l	-	, ,		Inspection
Name of the organization	INTERNATIONAL PLA		<u> </u>				Employer identifica	
WESTERN HEMISPH	-						13-18454	
	nformation on Grants an	d Assistanc	e					
	zation maintain records to s			e grants or assista	nce the grantees	' eligibility for the grant	s or assistance and	
-	teria used to award the gran			-	-			X Yes No
	: IV the organization's proce							
Part II Grants an	nd Other Assistance to D ne 21, for any recipient t	omestic Or	ganizations a	nd Domestic Gov	/ernments. Com			Yes" on Form 990,
	d address of organization 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	G ASSOC. OF PUERTO RICO							
PO BOX 192221, SA		23-7034732	501(C)(3)	190,181.				REPRODUCTIVE HEALTH
(2) CENTER FOR REPROD	DUCTIVE RIGHTS							
199 WATER ST, NEW	V YORK, NY 10038	13-3669731	501(C)(3)	47,000.				REPRODUCTIVE HEALTH
(3) WOMEN'S LINK WORL	LDWIDE							
195 PLYMOUTH ST,	BROOKLYN, NY 11201	03-0371141	501(C)(3)	175,361.				GENDER EQUALITY
(4) IPAS								
300 MARKET ST, CH	HAPEL HILL, NC 27516	56-1071085	501(C)(3)	70,660.				REPRODUCTIVE HEALTH
(5) IBIS REPRODUCTIVE	E HEALTH							
2067 MASS. AVE, C	CAMBRIDGE, MA 02140	03-0382773	501(C)(3)	73,224.				REPRODUCTIVE HEALTH
(6) ENGINEERS WITHOUT	f BORDERS - USA							MEET BASIC HUMAN
1031 33RD ST SUIT	FE 210, DENVER, CO 80205	84-1589324	501(C)(3)	100,000.				NEEDS
_(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
	per of section 501(c)(3) and	0	0					б.
	per of other organizations lis on Act Notice, see the Instruct			<u></u>		<u></u>		hedule I (Form 990) (2019)
. or raperwork reduction	on stor notice, see the manuch						30	

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

	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1					
2					
3					
_ 4					
5					
6					
7					
Part IV Supplemental Information. Provide the	information re	equired in Part I,	line 2, Part III, c	olumn (b); and any c	other additional

```
information.
```

MONITORING THE USE OF GRANTS

SCHEDULE I, PART I, LINE 2:

IPPFWHR'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 IPPFWHR 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.

(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
	(b) Number of recipients			

information.

SHOULD BE SUBMITTED TO IPPFWHR AS PER THE REPORTING SCHEDULE INCLUDED IN

EACH AGREEMENT.

SCH	EDULE J	Compen	sation Information	1	OMB No.	1545-0	047
(For	m 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highest		എന	10	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	3	ZU	<u>19</u>	
	nent of the Treasury		Attach to Form 990.		Open to		
-	Revenue Service of the organization	► Go to www.urs.gov/Forms INTERNATIONAL PLANNED P	990 for instructions and the latest information.	Employer identificat		ectio	n
	0	PHERE REGION	ARENIHOOD FEDERALION	13-184545		1	
Part		is Regarding Compensation		15 10151.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
I alt	Question					Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on For	m		
			provide any relevant information regarding				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	•			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	If any of the	boxes on line 1a are checked did th	ne organization follow a written policy re	aarding novmo	nt		
b	or reimburse	ment or provision of all of the ex	penses described above? If "No," com	plete Part III	to		
	explain		· · · · · · · · · · · · · · · · · · ·		. 1b		
2	-		to reimbursing or allowing expenses	-			
			D/Executive Director, regarding the items				
					2		
3			on used to establish the compensation of t				
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa				
		isation committee	Written employment contract				
		dent compensation consultant	X Compensation survey or study				
	·	00 of other organizations	X Approval by the board or compensa	tion committee			
4		-	Part VII, Section A, line 1a, with respect to				
4		or a related organization:	Fait vii, Section A, line Ta, with respect to	o the hilling			
а			ayment?		4a	Х	
b	Participate in	, or receive payment from, a suppleme	ntal nonqualified retirement plan?		. 4b		X
С			ased compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
_	-		rganizations must complete lines 5-9.				
5	•		on A, line 1a, did the organization pa	y or accrue ar	ıy		
-		n contingent on the revenues of:			. 5a		x
a b							X
5		e 5a or 5b, describe in Part III.					
6			on A, line 1a, did the organization pa	y or accrue ar	עו		
-		n contingent on the net earnings of:	· · · · · · · · · · · · · · · · · · ·	, u.	·		
а					. 6a		Х
b					6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov				
			escribe in Part III		. 7		X
8	-	-	paid or accrued pursuant to a contract the				
			Regulations section 53.4958-4(a)(3)? If				v
0			low the rebuttable presumption proced				X
9			low the rebuttable presumption proced				
	riogulationis S	0000000-000-000-000			- Y		

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
GISELLE CARINO	(i)	302,087.	0.	318.	40,221.	56,705.	399,331.	0.
1 ^{CEO} AND REGIONAL DIRECTOR	(ii)	0.	Ο.	0.	0.	0.	0.	0.
CHRISTINE GARRISON	(i)	195,395.	0.	186.	27,351.	51,558.	274,490.	0.
2 ^{CHIEF FINANCIAL OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
VICENTE DIAZ	(i)	156,395.	0.	1,707.	19,999.	31,169.	209,270.	0.
DEPUTY REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
DEBORA DINIZ	(i)	162,611.	0.	212.	21,102.	31,407.	215,332.	0.
DEPUTY REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
ALEJANDRA MEGLIOLI	(i)	146,128.	0.	501.	17,533.	18,011.	182,173.	0.
DIRECTOR OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
MARIA ANTONIETA ALCALDE	(i)	93,844.	0.	130,000.	11,152.	27,463.	262,459.	0.
6 DIRECTOR OF ADVOCACY THRU 7/19	(ii)	0.	0.	0.	0.	0.	0.	0.
DANA ROGERS	(i)	140,027.	0.	175.	17,533.	49,747.	207,482.	0.
7 ^{CHIEF DEV.&} STRAT. PTP OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MOIRA MENDOZA	(i)	137,217.	0.	108.	16,323.	18,000.	171,648.	0.
BDIR. OF ORG. LEARNING & EVAL.	(ii)	0.	0.	0.	0.	0.	0.	0.
LESLIE VARKONYI	(i)	143,882.	0.	1,524.	18,030.	32,233.	195,669.	0.
9 ^{CHIEF INFORMATION OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

0.

Schedule J (Form 990) 2019

JSA

Schedule J (Form 990) 2019

Part III Supplemental Information

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

PART I, LINE 4A:

MARIA ANTONIETA ALCALDE, DIRECTOR OF ADVOCACY THRU 7/19, RECEIVED

SEVERANCE PAYMENT OF \$130,000 DURING 2019 WHICH IS REPORTED ON SCHEDULE

J, PART II, COLUMN (B)(III).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public

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.

Employer identification number

Name of the organization INTERNATI WESTERN HEMISPHERE REGION

5

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

13-1845455

Par	I I ypes of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
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		34.	4,083,189.	MARKET QU	JOTAT	CION	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
10	contribution - Historic							
	structures							
14	Qualified conservation							
.4	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
20 21	Taxidermy							
21	Historical artifacts							
22	Scientific specimens							
23 24	Archeological artifacts							
24 25								
25 26	Other ►() Other ►()							
20 27	Other ►()							
28	Other ►()							
<u>20</u> 29	Number of Forms 8283 received	by the ora	prization during the tax w	or for contributions for				
25	which the organization completed F				29			
	which the organization completed i	0111 0203,	Fait IV, Donee Acknowledg				Yes	No
302	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through		100	
J 0a	28, that it must hold for at least the		• • • • •		•			
	to be used for exempt purposes for	-			-	30a		х
h	If "Yes," describe the arrangement i					504		
	Does the organization have a		tance policy that require	on the review of any	nonctandard			
31	_					31	x	
22-	contributions? Does the organization hire or use							
JZd	0	•	•	· · ·		32a		Х
h	contributions? If "Yes," describe in Part II.					JZa		
	If the organization didn't report an	amount in a	olumn (c) for a type of pro	porty for which column (c)	is checked			
33	describe in Part II.		orunnin (c) for a type of pro	perty for which column (a)	is checked,			
								_

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

Schedule M (Form 990) 2019

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

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.



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

 Name of the organization
 INTERNATIONAL PLANNED PARENTHOOD FEDERATION
 Employer identification number

 WESTERN
 HEMISPHERE REGION
 13-1845455

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

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

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

INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION, INC. (IPPFWHR), 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. IPPFWHR 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 IPPFWHR 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 IPPFWHR IS AN INDEPENDENT LEGAL ENTITY, IT FUNCTIONED AS A REGIONAL PARTNER OF INTERNATIONAL PLANNED PARENTHOOD FEDERATION, HEADQUARTERED IN LONDON ENGLAND UNTIL AUGUST 31, 2020.

Schedule O (Form 990 or 990-EZ) 2019 P							
Name of the organization	INTERNATIONAL	PLANNED	PARENTHOOD	FEDERATION		Employer identification number	
WESTERN HEMISPHE	RE REGION					13-1845455	

IPPFWHR SPEARHEADS EVIDENCE-BASED RESEARCH INITIATIVES ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INCLUDING GENDER-BASED VIOLENCE, CONTRACEPTIVE ACCESS, LEGAL ABORTION, COMPREHENSIVE SEXUALITY EDUCATION, AND MORE. THE STATEMENT OF FUNCTIONAL EXPENSES, FORM 990, PART IX, INCLUDES AN EXPENSE ITEM FOR RESEARCH OF \$134,981 WHICH REFLECTS THE CONSULTANT AND TRAVEL COSTS RELATED TO THESE RESEARCH INITIATIVES. THIS TOTAL DOES NOT INCLUDE GRANTS TO PARTNERS OR PERSONNEL COSTS AS THEY ARE REQUIRED TO BE REFLECTED IN LINES 1-10 ON THE STATEMENT OF FUNCTIONAL EXPENSES. THE TOTAL AMOUNT IPPFWHR INVESTED IN RESEARCH INITIATIVES INCLUDING GRANTS TO PARTNERS AND PERSONNEL COSTS IS \$613,897. IPPFWHR 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. IPPFWHR PAID MEXICO CONSULTING EXPENSES RELATED TO CARRYING OUT THE ORGANIZATION'S MISSION. IPPFWHR 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. MEXICAN ENTITY FORMED IN 2017. IPPFWHR PAID MEXICO CONSULTING EXPENSES

RELATED TO CARRYING OUT THE ORGANIZATION'S MISSION. IPPFWHR ALSO PROVIDES FINANCIAL AND TECHNICAL ASSISTANCE AND ADVISORY SERVICES TO THESE ORGANIZATIONS. THE IPPF WHR FUND, A NOT-FOR-PROFIT CORPORATION, WAS FORMED EXCLUSIVELY FOR CHARITABLE PURPOSES. IPPFWHR ALSO WORKS WITH IPPF

Schedule O (Form 990 or 990-EZ) 2019 P						Page 2
Name of the organization	INTERNATIONAL	PLANNED	PARENTHOOD	FEDERATION	Employer identification number	
WESTERN HEMISPHE	RE REGION				13-1845455	

CANADA AN INDEPENDENT ENTITY WITH A MAJORITY OF INDEPENDENT BOARD MEMBERS. THE ENTITY WAS ESTABLISHED IN 2018 TO FURTHER THE IMPACT OF SRHR.

IN 2018, IPPFWHR BECAME A FOUNDING MEMBER AND 20% EQUITY PARTNER IN A NEWLY FORMED FOR-PROFIT ENTITY, IPPFWHR INNOVA, S.A. (INNOVA) WITH A PAYMENT OF \$200,000. THE ENTITY WAS ESTABLISHED WITH IPPFWHR MEMBER ASSOCIATIONS TO PROVIDE ACCESS TO FAMILY PLANNING AND REPRODUCTIVE HEALTH PRODUCTS.

IPPFWHR ACTIVITIES RESPOND TO THE IPPFWHR BOARD APPROVED STRATEGIC FRAMEWORK FOR 2015-2022 AND CONTRIBUTE TO THE GLOBAL STRATEGIC FRAMEWORK OF IPPF. THE STRATEGIC FRAMEWORK 2015-2022 IS A BOLD AND ASPIRATIONAL VISION OF WHAT IPPF/LONDON PLANS TO ACHIEVE AND HOW IPPFWHR 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.

IPPFWHR'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 IPPFWHR'S WORK - STRENGTHS, WEAKNESSES, CAPACITIES, RESOURCES, AND NETWORKS. THE RESOURCE ALLOCATION WILL RESPOND TO THE PRIORITY OBJECTIVES OF THE IPPFWHR IMPLEMENTATION PLAN.

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

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. IPPFWHR WILL FURTHER INVEST IN ADVOCACY AT ALL LEVELS, INCLUDING SUPPORTING MEMBER ASSOCIATIONS WITH CAPACITY BUILDING, FUNDING, AND MONITORING. IPPFWHR 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

2335083

Schedule O (Form 990 or 990-EZ) 2019							Page 2
Name of the organization	INTERNATIONAL	PLANNED	PARENTHOOD	FEDERATION		Employer identification number	
WESTERN HEMISPHE	RE REGION					13-1845455	

RIGHTS AFFECTS WOMEN AND YOUNG PEOPLE DISPROPORTIONATELY, SO IT IS IMPORTANT THEY HAVE THE OPPORTUNITY TO BE AT THE FOREFRONT OF EFFORTS TO SECURE POLICY AND PRACTICE CHANGE FROM GOVERNMENTS. IPPFWHR WILL STRENGTHEN ITS LINKS WITH YOUTH AND WOMEN'S ORGANIZATIONS AND PROVIDE PATHWAYS FOR WOMEN AND YOUNG LEADERS - 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. IPPFWHR 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. IPPFWHR 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. IPPFWHR 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 2

MARGINALIZED YOUTH, IN AND OUT OF SCHOOL.

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. IPPFWHR 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. IPPFWHR 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 IPPFWHR 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. IPPFWHR WILL ENSURE THAT ALL ITS SERVICE

Schedule O (Form 990 or 990-EZ) 2019 F							Page 2
Name of the organization	INTERNATIONAL	PLANNED	PARENTHOOD	FEDERATION		Employer identification number	
WESTERN HEMISPHE	RE REGION					13-1845455	

OUTLETS PROVIDE HIGH-QUALITY SERVICES: THEY MUST NOT ONLY PROVIDE A 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, IPPFWHR MEMBER ASSOCIATIONS HAVE A DISTINCT ROLE IN PROVIDING TECHNICAL ASSISTANCE. IPPFWHR CAN ENSURE THAT SERVICES ARE RESPONSIVE TO THE LOCAL COMMUNITY, ARE CLIENT-CENTERED, AND PROVIDE RIGHTS-BASED, SUPPORTIVE CARE TO ALL. IPPFWHR WILL DEVELOP NEW FORMAL PARTNERSHIPS WITH PUBLIC AND PRIVATE PROVIDERS. IPPFWHR 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. IPPFWHR 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 IPPFWHR CAN SERVE, IT NEEDS TO INCREASE ITS OPERATIONAL EFFECTIVENESS. IPPFWHR REMAIN RELEVANT, RESPONSIBLE, AND EFFICIENT IN HOW IT SEEKS FUNDING, TRANSLATES IT INTO DEVELOPMENT OUTCOMES, AND SUSTAINS SERVICES TO MEETM DEMAND. IPPFWHR IS EVOLVING ITS OPERATIONS AND FINANCIAL STRUCTURES TO INCORPORATE DIVERSE

2335083

Schedule O (Form 990 or 990-EZ) 2019							
Name of the organization	INTERNATIONAL	PLANNED	PARENTHOOD	FEDERATION		Employer identification number	
WESTERN HEMISPHE	RE REGION					13-1845455	

BUSINESS MODELS THAT ARE FIT FOR PURPOSE IN EACH OF THE SPECIFIC CONTEXTS IPPFWHR WORKS. IPPFWHR 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 IPPFWHR'S VOLUNTEER AND ACTIVIST SUPPORTER BASE. IPPFWHR'S WORK IS DEMANDED AND DELIVERED BY COMMUNITIES: THIS GROUNDSWELL OF GRASSROOTS SUPPORT GIVES LEGITIMACY AND IS THE FOUNDATION OF IPPFWHR'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.

FORM 990, PART III, LINE 4D: OTHER PROGRAM SERVICE EXPENSES OF \$7,505,586 INCLUDING GRANTS OF \$4,391,854, ARE ATTRIBUTABLE TO THE FOLLOWING PROGRAMS: - ENGAGE LEADERS: EXPENSES \$550,467 INLCUDING GRANTS OF \$103,990 - COMPREHENSIVE SEXUALITY EDUCATION: EXPENSES \$2,073,429 INLCUDING GRANTS OF \$1,538,771 - MEDIA AND PUBLIC OPINION: EXPENSES \$1,330,340 INLCUDING GRANTS OF

- MEDIA AND PUBLIC OPINION: EXPENSES \$1,330,340 INLCODING GRANTS OF \$460,693

Schedule O (Form 990 or 990-EZ) 2019 F							Page 2
Name of the organization	INTERNATIONAL	PLANNED	PARENTHOOD	FEDERATION		Employer identification number	
WESTERN HEMISPHE	RE REGION					13-1845455	

- ENABLE SERVICES: EXPENSES \$2,177,358 INLCUDING GRANTS OF \$1,695,637

- VOLUNTEERS AND SUPPORTERS: EXPENSES \$1,368,411 INLCUDING GRANTS OF

\$587,182

- OTHER: EXPENSES \$5,581 INLCUDING GRANTS OF \$5,581 - OTHER: EXPENSES

\$5,581 INLCUDING GRANTS OF \$5,581

FORM 990, PART VI, LINE 4: AMENDMENTS MADE TO IPPFWHR BYLAWS, AS APPROVED BY THE REGIONAL GOVERNING COUNCIL IN NOVEMBER 2019:

- INTRODUCTION OF THE OBJECTIVES SECTION WAS UPDATED TO INCLUDE A BROADER VISION OF THE ORGANIZATION

- THE POWERS AND DUTIES OF THE BOARD OF DIRECTORS ARE UPDATED TO REFLECT THE NEW GOVERNANCE STRUCTURE AND BUSINESS AND FUNDING MODEL

- THE COMPOSITION OF THE BOARD OF DIRECTORS IS MODIFIED

- NEW BOARD STAGGERED ELECTION MECHANISM WAS INTRODUCED, TO ENSURE MORE

PARTICIPATION

- THE NUMBER OF MEETINGS OF THE BOARD OF DIRECTORS IS INCREASED

- THE QUORUM OF DIRECTORS IS CLARIFIED, BASED ON THE NEW NUMBER OF

DIRECTORS

- NEW TERMS OF ENGAGEMENT WITH PARTNER ORGANIZATIONS ARE DEFINED

- A PARTNER FORUM IS ESTABLISHED TO PROMOTE EXCHANGE OF BEST PRACTICES,

EXPERTISE, AND INFORMATION

- THE ADVISORY COMMITTEE TO THE PARTNER FORUM IS ESTABLISHED, WHICH WILL SERVE AS A LIAISON BETWEEN PARTNER ORGANIZATIONS AND THE BOARD OF

DIRECTORS

Schedule O (Form 990 or 990-EZ) 2019

- THE FUNCTIONS AND ACTIVITIES, AND THE COMPOSITION OF THE COMMITTEES OF THE BOARD ARE UPDATED

- THE TASKS OF THE SECRETARY OF THE BOARD ARE REDEFINED

- THE LINE OF REPORT OF THE CEO/REGIONAL DIRECTOR IS UPDATED

THE DEFINITION OF "INDEPENDENT DIRECTORS" IS INCLUDED, TO COMPLY WITH REQUIREMENTS OF THE NEW YORK STATE NOT-FOR-PROFIT CORPORATION LAW
THE PATHWAY TO AMEND THE BYLAWS IS UPDATED, TO REFLECT THE NEW GOVERNANCE STRUCTURE AND THE NEW BUSINESS AND FUNDING MODEL

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

WHILE IPPFWHR IS AN INDEPENDENT LEGAL ENTITY, IT FUNCTIONED AS A REGIONAL PARTNER OF INTERNATIONAL PLANNED PARENTHOOD FEDERATION, HEADQUARTERED IN LONDON ENGLAND UNTIL AUGUST 31, 2020. IPPFWHR 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 IPPFWHR REGIONAL BOARD OF DIRECTORS. DECISIONS MADE BY THE BOARD ARE NOT SUBJECT TO APPROVAL BY INDIVIDUAL MAS.

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

Schedule O (Form 990 or 990-EZ) 2019 Pa							
Name of the organization	INTERNATIONAL	PLANNED	PARENTHOOD	FEDERATION		Employer identification number	
WESTERN HEMISPHE	RE REGION					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.

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

FORM 990, PART VI, LINES 15A AND 15B: THE INDEPENDENT BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL - THE CEO AND REGIONAL DIRECTOR. THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE, AND NO DIRECTOR WHO HAS A CONFLICT OF INTEREST IS PERMITTED TO PARTICIPATE IN THE DISCUSSION OR VOTE ON THE CEO AND REGIONAL DIRECTOR'S COMPENSATION. THE

Schedule O (Form 990 or 990-EZ) 2019 Pr							
Name of the organization	INTERNATIONAL	PLANNED	PARENTHOOD	FEDERATION		Employer identification number	
WESTERN HEMISPHE	RE REGION					13-1845455	

COMPENSATION DETERMINATION IS DOCUMENTED CONTEMPORANEOUSLY IN THE ORGANIZATION'S RECORDS. 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.

FORM 990, PART VI, LINES 18 AND 19:

IPPFWHR'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.

FORM 990, PART IX, LINE 24D:

THE STATEMENT OF FUNCTIONAL EXPENSES INCLUDES AN EXPENSE ITEM FOR RESEARCH OF \$134,981 WHICH REFLECTS THE CONSULTANT AND TRAVEL COSTS RELATED TO THESE RESEARCH INITIATIVES. THIS TOTAL DOES NOT INCLUDE GRANTS TO PARTNERS OR PERSONNEL COSTS AS THEY ARE REQUIRED TO BE REFLECTED IN LINES 1-10 ON THE STATEMENT OF FUNCTIONAL EXPENSES. THE TOTAL AMOUNT IPPFWHR INVESTED IN RESEARCH INITIATIVES INCLUDING GRANTS TO PARTNERS AND PERSONNEL COSTS IS \$613,897.

FORM 990, PART XI, LINE 9: CHANGE IN INTEREST IN THE NET ASSETS OF THE IPPF WHR FUND: \$

\$ 2,016,228

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thedule O (Form 990 or 990-EZ) 2019 The organization INTERNATIONAL PLANNED PARENTHOOD) FEDERATION	Employer identification number	Page
ESTERN HEMISPHERE REGION		13-1845455	
HANGE IN VALUE OF CHARITABLE GIFT ANNUITIES:	\$ (110,316)		
OTAL LINE 9:	\$1,905,912		
ORM 990, PART VI, LINE 17 - STATES		ATTACHMENT 1	
C,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,			
N, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,			
I, SC, TN, UT, VA, WA, WV, WI,			

	ATTACHMEN	NT 2
990, PART VII- COMPENSATION OF THE FIVE HIGHEST P	AID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MAL WARWICK & ASSOCIATES, INC 2550 NINTH STREET BERKELEY, CA 94710	CONSULTING SERVICES	1,122,952.
TIAA CREF 750 THIRD AVENUE NEW YORK, NY 10017	RETIREMENT FUND	928,782.
THE 125 MAIDEN LANE CONDOMINIUM 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003	MAINTENANCE	320,310.
CORPORATE POWER INC 62 WILLIAM STREET 5TH FLOOR NEW YORK, NY 10005	SYSTEM SUPPORT	267,087.
STAGWELL MEDIA 1150 18TH STREET, NW SUITE 800 WASHINGTON, DC 20036	DIGITAL STRATEGY	226,627.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

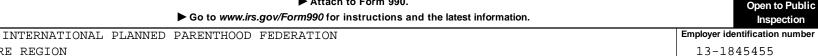
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

itio
l



WESTERN HEMISPHERE REGION

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

(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	cont	g) 512(b)(13) trolled tity?
						Yes	No
(1) THE IPPF WHR FUND 20-2561205							
125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038	SUPPORT	DE	501(C)(3)	12D	IPPFWHR	X	
(2) IPPF CANADA							
199 BAY STREET, SUITE 4000 TORONTO, ONTARIO CA M5L 1A	CHARITABLE	CA			IPPFWHR	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

JSA

OMB No. 1545-0047

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2

Schedule R (Form 990) 2019

Page **2**

Part III

1													
	because it had one or	lentification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ecause 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) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			General or managing		General or managing		General or managing		General or managing		General or managing		General or managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General or managing		(k) Percentage ownership								
			country)		,			Yes	No		Yes	No																													
(1)																																									
(2)																																									
(3)																																									
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(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)	(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) Sectio 512(b)(control entity
(1)	-						Yes N
(2)	_						
	-						
	_						
(5) (6)	_						
(7)	-						

Schedule R (Form 990) 2019

Part V

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organiza	ations listed in Parts II-IV?										
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х						
b	Gift, grant, or capital contribution to related organization(s)			1b		Х						
С	Gift, grant, or capital contribution from related organization(s).			1c	Х							
d	Loans or loan guarantees to or for related organization(s)			1d		Х						
е	Loans or loan guarantees by related organization(s)			1e		X						
f	Dividends from related organization(s)					X						
g						X X						
h						X						
i						X						
J	Lease of facilities, equipment, or other assets to related organization(s).			IJ	_							
				16		Х						
K						X						
1 m						X						
						Х						
						Х						
Ŭ												
a	Reimbursement paid to related organization(s) for expenses			1p		Х						
				1q		Х						
- 1												
r	Other transfer of cash or property to related organization(s)			1r		Х						
				1s		Х						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	ng covered relationships and transa	action three	sholds	S.							
	(a) (b) Name of related organization	(c)	Method c	(d)	rminin	a						
	type (a-s)					9						
(4)		070 750	COCT									
(1)		878,758.	0051									
(2)												
(2)												
(3)												
(4)												
(5)												
(6)												
JSA	sor loan guarantees to or for related organization(s) 1d s or loan guarantees by related organization(s) 1f ends from related organization(s) 1f of assets to related organization(s) 1f ange of assets from related organization(s) 1i e of facilities, equipment, or other assets to related organization(s) 1i urmance of services or membership or fundraising solicitations for related organization(s) 1m ng of facilities, equipment, or other assets from related organization(s) 1m ng of facilities, equipment, or other assets from related organization(s) 1m number of services or membership or fundraising solicitations for related organization(s) 1m ng of facilities, equipment, mailing lists, or other assets with related organization(s) 1m ng of paid employees with related organization(s) 1n ng of paid employees with related organization(s) 1n transfer of cash or property to related organization(s) 1p nt transfer of cash or property from related organization(s) 1r nt transfer of cash or property from related organization(s) 1s 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. <td< td=""></td<>											
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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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	organiz	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
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Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

 Part VII
 Supplemental Information

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