

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization: INTERNATIONAL PLANNED PARENTHOOD FEDERATION		D Employer identification number: 13-1845455	
	WESTERN HEMISPHERE REGION			
	Doing Business As: FOS FEMINISTA			
	Number and street (or P.O. box if mail is not delivered to street address): 125 MAIDEN LANE, 9TH FL		Room/suite: NEW YORK, NY 10038	
E Telephone number: (212) 248-6400		G Gross receipts \$: 41,511,413.		
City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10038		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer: GISELLE CARINO 125 MAIDEN LANE, 9TH FL, NEW YORK, NY 10038		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)		
J Website: WWW.FOSFEMINISTA.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1954		M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IPPFWHR (DBA FOS FEMINISTA) AIMS TO IMPROVE THE QUALITY OF LIFE OF INDIVIDUALS BY PROMOTING FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGH ADVOCACY AND SERVICES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 48
	6 Total number of volunteers (estimate if necessary)	6 32
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b NONE	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	34,656,630.	23,259,274.
	9 Program service revenue (Part VIII, line 2g)	NONE	NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,128,749.	1,511,818.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,249.	60,192.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,794,628.	24,831,284.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,765,460.	21,228,061.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,208,321.	6,387,574.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,560,972.	2,296,233.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,641,968.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,891,547.	6,407,796.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,426,300.	36,319,664.
19 Revenue less expenses. Subtract line 18 from line 12	8,368,328.	-11,488,380.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 125,289,147.	End of Year: 105,515,490.
	21 Total liabilities (Part X, line 26)	28,551,722.	27,483,992.
	22 Net assets or fund balances. Subtract line 21 from line 20.	96,737,425.	78,031,498.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRISTIN RUFFINI	KRISTIN RUFFINI	11/06/2023		P00741491
	Firm's name ▶ BDO USA	Firm's EIN ▶ 13-5381590	Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 10017-5001		Phone no. 212-885-8000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

IPPFWHR (DBA FOS FEMINISTA) AIMS TO IMPROVE THE QUALITY OF LIFE OF INDIVIDUALS BY CAMPAIGNING FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGH ADVOCACY AND SERVICES, ESPECIALLY FOR POOR AND VULNERABLE PEOPLE. FOR MORE INFORMATION, SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 8,715,810. including grants of \$ 6,626,336.) (Revenue \$ NONE)

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 \$ 6,744,787. including grants of \$ 4,372,928.) (Revenue \$ NONE)

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

4c (Code:) (Expenses \$ 5,260,704. including grants of \$ 3,034,580.) (Revenue \$ NONE)

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

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

(Expenses \$ 11,237,653. including grants of \$ 7,194,217.) (Revenue \$ NONE)

4e Total program service expenses 31,958,954.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069.		

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. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members: 9), 1b (Independent members: 9), 2 (Family/Business relationships: X), 3 (Management delegation: X), 4 (Document changes: X), 5 (Asset diversion: X), 6 (Members/stockholders: X), 7a (Elect/appoint members: X), 7b (Governance decisions: X), 8 (Meeting documentation: 8a X, 8b X), 9 (Officer reachability: X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters: X), 10b (Policies/procedures: X), 11a (Form 990 distribution: X), 11b (Review process), 12a (Conflict of interest policy: X), 12b (Disclosure requirements: X), 12c (Policy enforcement: X), 13 (Whistleblower policy: X), 14 (Document retention: X), 15 (Compensation review: 15a X, 15b X), 16a (Joint venture: X), 16b (Joint venture policy: X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHRISTINE GARRISON ROSARIO 125 MAIDEN LANE, 9TH FLOOR, NEW YORK, NY 10038

212-214-0204

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GISELLE CARINO CEO	34.30 0.70			X				346,107.	NONE	85,302.
(2) SERRA SIPPEL THRU 11/30/22 CHIEF GLOBAL ADVOCACY OFFICER	35.00 NONE					X		289,261.	NONE	46,376.
(3) CHRISTINE GARRISON CHIEF FINANCIAL OFFICER	34.30 0.70			X				232,855.	NONE	75,722.
(4) DEBORA DENIZ RODRIGUES DEPUTY CEO	35.00 NONE			X				239,982.	NONE	63,678.
(5) VIVIANE GOUDEROU CHIEF OF PPL, INCLUSION&CULTURE	35.00 NONE					X		174,226.	NONE	61,365.
(6) DANA ROGERS DEV.& STR. PTR. OFFICER	35.00 NONE					X		168,544.	NONE	64,844.
(7) MILO SYBRANT, CHIEF DEV. OFF. CO-LEAD EFF. JULY 2022	35.00 NONE					X		176,330.	NONE	25,063.
(8) CHUN HUA (MARK) PO BUSS INTEL, EVAL RESEARCH DIR.	35.00 NONE					X		135,129.	NONE	29,886.
(9) JOVANA RIOS CISNERO CHAIRPERSON THRU JUNE 2022	0.90 0.10	X		X				NONE	NONE	NONE
(10) PAMELA BARNES INTERIM CHAIRWOMAN	1.00 1.00	X		X				NONE	NONE	NONE
(11) KOBE SMITH VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(12) JACQUES MAX MAURA TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(13) LUSUNGU KALANGA SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(14) ADRIANA MENDOZA SECRETARY THRU OCT 2022	1.00 NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SOPHIE ARSENEAULT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(16) RODRIGO BARILLAS DIRECTOR AS OF OCT 2022	1.00 NONE	X					NONE	NONE	NONE	
(17) MARIA CONSUELO MEJIA DIRECTOR AS OF OCT 2022	1.00 NONE	X					NONE	NONE	NONE	
(18) JABAR SINGH DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(19) REWAN YOUSSEF DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							1,762,434.	NONE	452,236.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							1,762,434.	NONE	452,236.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 20

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	923,001.					
	e Government grants (contributions) . .	1e	3,982,207.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	18,354,066.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 152,969.					
	h Total. Add lines 1a-1f			23,259,274.				
	Program Service Revenue	2a _____	Business Code					
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				NONE				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			415,152.			415,152.	
	4 Income from investment of tax-exempt bond proceeds .			NONE				
	5 Royalties			NONE				
	6a Gross rents	6a	(i) Real	(ii) Personal				
			60,192.					
			b Less: rental expenses	6b				
	c Rental income or (loss)	6c	60,192.	NONE				
	d Net rental income or (loss)			60,192.			60,192.	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			17,776,795.					
			b Less: cost or other basis and sales expenses . .	7b	16,680,129.			
	c Gain or (loss)	7c	1,096,666.					
	d Net gain or (loss)			1,096,666.			1,096,666.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE				
			b Less: direct expenses	8b	NONE			
c Net income or (loss) from fundraising events				NONE				
9a Gross income from gaming activities. See Part IV, line 19	9a		NONE					
		b Less: direct expenses	9b	NONE				
		c Net income or (loss) from gaming activities		NONE				
10a Gross sales of inventory, less returns and allowances	10a		NONE					
		b Less: cost of goods sold	10b	NONE				
		c Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue	11a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d			NONE				
12 Total revenue. See instructions			24,831,284.			1,572,010.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	626,178.	626,178.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,601,883.	20,601,883.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,043,646.	631,759.	236,672.	175,215.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	4,005,170.	2,424,483.	908,267.	672,420.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	368,787.	223,241.	83,631.	61,915.
9 Other employee benefits	548,975.	332,316.	124,493.	92,166.
10 Payroll taxes	420,996.	254,845.	95,471.	70,680.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	84,441.	53,153.	10,250.	21,038.
c Accounting	169,188.	106,499.	20,537.	42,152.
d Lobbying	8,500.	8,500.		
e Professional fundraising services. See Part IV, line 17	2,296,233.			2,296,233.
f Investment management fees	379,706.		379,706.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	3,288,432.	3,047,361.	518,574.	-277,503.
12 Advertising and promotion	NONE			
13 Office expenses	103,880.	54,976.	6,592.	42,312.
14 Information technology	489,406.	305,397.	56,571.	127,438.
15 Royalties	NONE			
16 Occupancy	412,977.	257,704.	47,737.	107,536.
17 Travel	679,973.	522,414.	105,742.	51,817.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	396,710.	230,803.	87,782.	78,125.
23 Insurance	80,877.	50,468.	9,349.	21,060.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OVERHEAD ALLOCATED	NONE	2,069,513.	-2,069,513.	NONE
b RESEARCH	60,505.	60,505.		
c FELLOWSHIP AND AWARDS	61,235.	29,040.	11,592.	20,603.
d MAILING LIST RENTAL	35,116.	35,116.		
e All other expenses	156,850.	32,800.	85,289.	38,761.
25 Total functional expenses. Add lines 1 through 24e	36,319,664.	31,958,954.	718,742.	3,641,968.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	41,594,604.	1	31,735,821.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	6,884,679.	3	5,995,149.
	4 Accounts receivable, net	NONE	4	NONE
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	578,914.	7	1,146,198.
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	276,476.	9	236,466.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,212,336.		
	b Less: accumulated depreciation	10b 4,671,081.		
	11 Investments - publicly traded securities	9,774,413.	10c	9,541,255.
	12 Investments - other securities. See Part IV, line 11	38,273,087.	11	30,197,082.
	13 Investments - other securities. See Part IV, line 11	2,642,418.	12	4,961,973.
	14 Investments - program-related. See Part IV, line 11	25,264,556.	13	21,657,370.
	15 Intangible assets	NONE	14	NONE
16 Other assets. See Part IV, line 11	NONE	15	44,176.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	125,289,147.	16	105,515,490.	
Liabilities	17 Accounts payable and accrued expenses	1,503,704.	17	1,988,813.
	18 Grants payable	3,210,824.	18	4,002,407.
	19 Deferred revenue	552,437.	19	859,643.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21,690,347.	21	18,691,171.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	495,000.	23	900,536.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	1,099,410.	25	1,041,422.
	26 Total liabilities. Add lines 17 through 25	28,551,722.	26	27,483,992.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	48,550,638.	27	43,109,645.
	28 Net assets with donor restrictions	48,186,787.	28	34,921,853.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	96,737,425.	32	78,031,498.
33 Total liabilities and net assets/fund balances	125,289,147.	33	105,515,490.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,831,284.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,319,664.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,488,380.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,737,425.
5	Net unrealized gains (losses) on investments	5	-3,238,652.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-3,978,893.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	78,031,498.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Employer identification number
13-1845455

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2022

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,096,927.	37,499,737.	36,255,330.	34,658,943.	23,259,274.	160,770,211.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	29,096,927.	37,499,737.	36,255,330.	34,658,943.	23,259,274.	160,770,211.
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).						43,887,249.
6 Public support. Subtract line 5 from line 4						116,882,962.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	29,096,927.	37,499,737.	36,255,330.	34,658,943.	23,259,274.	160,770,211.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	921,796.	955,645.	718,862.	599,284.	475,344.	3,670,931.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11 Total support. Add lines 7 through 10						164,441,142.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	71.08 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	67.39 %

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization, Employer identification number. Row 1: INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION, 13-1845455

Organization type (check 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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), 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).

Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION	Employer identification number 13-1845455
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	N/A <hr/> <hr/>	\$ 2,050,361.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
2	N/A <hr/> <hr/>	\$ 1,825,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3	N/A <hr/> <hr/>	\$ 1,754,776.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
4	N/A <hr/> <hr/>	\$ 1,062,833.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
5	N/A <hr/> <hr/>	\$ 1,005,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
6	N/A <hr/> <hr/>	\$ 923,001.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION	Employer identification number 13-1845455
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 850,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION	Employer identification number 13-1845455
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION	Employer identification number 13-1845455
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION	Employer identification number 13-1845455
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	77,217.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	4,257.													
c Total lobbying expenditures (add lines 1a and 1b)	81,474.													
d Other exempt purpose expenditures	32,216,516.													
e Total exempt purpose expenditures (add lines 1c and 1d)	32,297,990.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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	310,000.	678,203.	231,905.	81,474.	1,301,582.
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	185,000.	337,200.	228,518.	77,217.	827,935.

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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e 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			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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).		
a Current year	2a	
b Carryover from last year.	2b	
c Total	2c	
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 and political expenditures next year?	4	
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 (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION

Employer identification number 13-1845455

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values, 5-6 for donor advisement questions.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for conservation easement details.

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

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

Table with 3 columns: Line number, Description, Amount. Rows 1a-1b for collection reporting, 2 for financial gain reporting.

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

Schedule D (Form 990) 2022

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,464,501.	12,606,600.	11,885,094.	10,620,626.	10,272,465.
b Contributions	4,484.	8,691.	13,700.	12,790.	1,595,641.
c Net investment earnings, gains, and losses	-1,584,218.	1,430,464.	1,124,194.	1,612,015.	-862,172.
d Grants or scholarships					
e Other expenditures for facilities and programs	535,785.	581,254.	416,388.	360,337.	385,308.
f Administrative expenses					
g End of year balance	11,348,982.	13,464,501.	12,606,600.	11,885,094.	10,620,626.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 85.1900 %
 - b** Permanent endowment _____ %
 - c** Term endowment 14.8100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		12,966,074.	3,730,790.	9,235,284.
c Leasehold improvements		26,116.	26,116.	NONE
d Equipment		250,342.	249,636.	706.
e Other		969,804.	664,539.	305,265.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,541,255.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INTEREST IN FOS FEMINISTA FUND	21,657,370.	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .	21,657,370.	

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES	1,026,226.
(3) DUE TO FOS FEMINISTA COLOMBIA	15,196.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,041,422.

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 .

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 24,831,284.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 36,319,664.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

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

IN APRIL 2005, APROFAM ASSOCIATION PRO-BIENESTAR DE LA FAMILIA DE GUATEMALA (APROFAM), A PARTNER ORGANIZATION, DESIGNATED FOS FEMINISTA 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, FOS FEMINISTA SHALL HAVE NO LIABILITY TO APROFAM FOR ANY ACTIONS OR FAILURE TO ACT UNDER THE CUSTODIAN AGREEMENT. FOS FEMINISTA INVESTED THE APROFAM FUNDS OF \$7,593,524 IN APRIL 2005. ON DECEMBER 31, 2022, THESE FUNDS WERE VALUED AT \$18,691,171. NO DISTRIBUTIONS WERE MADE DURING 2022.

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

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

THE FUND WAS ESTABLISHED BY THE IPPFWHR'S (DBA FOS FEMINISTA) BOARD OF DIRECTORS AS A MEANS TO ENHANCE THE SUSTAINABILITY OF ITS PARTNER ORGANIZATIONS.

THE EFS IS A DONOR-RESTRICTED FUND CREATED BY IPPFWHR (DBA FOS FEMINISTA) AND USAID AS A SOURCE OF LOW-INTEREST LOANS AND GRANTS FOR INCOME-GENERATING AND SUSTAINABILITY EFFORTS OF IPPFWHR (DBA FOS FEMINISTA) PARTNERS. IN 2020, THE PACKARD FOUNDATION MISSION INVESTING TEAM APPROVED A SIX-YEAR PROGRAM-RELATED INVESTMENT OF UP TO \$1.5 MILLION

Part XIII Supplemental Information (continued)

TO IPPFWHR IN THE FORM OF A LOAN GUARANTEED BY \$600,000 TO SUPPORT THE GROWTH AND STRENGTHENING OF SOCIAL ENTERPRISE MODELS THAT AMPLIFY IMPACT ON WOMEN, GIRLS AND VULNERABLE GROUPS. THE IPPFWHR BOARD OF DIRECTORS APPROVED TO CONSOLIDATE THE EFS LOAN PROGRAM AND THE PACKARD LOAN PROGRAM TO CREATE A MERGED FINANCING VEHICLE MORE TAILORED TO THE NEEDS OF IPPFWHR PARTNER ORGANIZATIONS AND THEIR VENTURES TO SUPPORT SUBSTANTIALITY AND MAXIMIZE IMPACT ON WOMEN, GIRLS AND VULNERABLE GROUPS. THESE LOANS QUALIFY AS PRI.

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

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

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

CHANGE IN INTEREST IN THE NET ASSETS OF	
FOS FEMINISTA FUND:	\$ 3,607,186
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES:	\$ 92,423
AMOUNTS REPORTED SEPARATELY	\$ (1,097)

TOTAL:	\$ (3,698,512)

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D, RECONCILIATION OF EXPENSES:

AMOUNTS REPORTED SEPARATELY: \$

(316,491)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

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

Employer identification number
13-1845455

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	2	GRANTMAKING		3,707,938.
(2) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		77,968.
(3) EUROPE	NONE	2	GRANTMAKING		356,202.
(4) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	GRANTMAKING		108,268.
(5) NORTH AMERICA	NONE	9	GRANTMAKING		2,571,277.
(6) SOUTH AMERICA	NONE	7	GRANTMAKING		12,298,269.
(7) SOUTH ASIA	NONE	1	GRANTMAKING		412,807.
(8) SUB-SAHARAN AFRICA	NONE	5	GRANTMAKING		1,069,154.
(9) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	OPERATING SUPPORT	15,731.
(10) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	OPERATING SUPPORT	638.
(11) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	OPERATING SUPPORT	51,236.
(12) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		2,309,923.
(13) EUROPE	NONE	NONE	INVESTMENTS		294,056.
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	26.			23,273,467.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	26.			23,273,467.

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

Schedule F (Form 990) 2022

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	151,888.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	101,348.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	10,009.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	594,328.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	135,000.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	364,937.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	21,339.	WIRE			
(8)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	578,990.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	23,686.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	30,025.	WIRE			
(11)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	327,493.	WIRE			
(12)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	55,000.	WIRE			
(13)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	25,000.	WIRE			
(14)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	163,137.	WIRE			
(15)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	52,361.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	117,428.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . **▶** 106

3 Enter total number of other organizations or entities . . . **▶** NONE

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	OPERATING SUPPORT	77,968.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	OPERATING SUPPORT	180,968.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	OPERATING SUPPORT	66,268.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	OPERATING SUPPORT	58,968.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	OPERATING SUPPORT	50,000.	WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	OPERATING SUPPORT	106,268.	WIRE			
(7)			NORTH AMERICA	OPERATING SUPPORT	200,000.	WIRE			
(8)			NORTH AMERICA	OPERATING SUPPORT	350,648.	WIRE			
(9)			NORTH AMERICA	OPERATING SUPPORT	37,500.	WIRE			
(10)			NORTH AMERICA	OPERATING SUPPORT	35,968.	WIRE			
(11)			NORTH AMERICA	OPERATING SUPPORT	92,531.	WIRE			
(12)			NORTH AMERICA	OPERATING SUPPORT	1,157,799.	WIRE			
(13)			NORTH AMERICA	OPERATING SUPPORT	53,775.	WIRE			
(14)			NORTH AMERICA	OPERATING SUPPORT	64,968.	WIRE			
(15)			NORTH AMERICA	OPERATING SUPPORT	30,000.	WIRE			
(16)			NORTH AMERICA	OPERATING SUPPORT	72,057.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	OPERATING SUPPORT	25,000.	WIRE			
(2)			NORTH AMERICA	OPERATING SUPPORT	25,968.	WIRE			
(3)			NORTH AMERICA	OPERATING SUPPORT	113,332.	WIRE			
(4)			NORTH AMERICA	OPERATING SUPPORT	27,504.	WIRE			
(5)			NORTH AMERICA	OPERATING SUPPORT	47,791.	WIRE			
(6)			NORTH AMERICA	OPERATING SUPPORT	23,762.	WIRE			
(7)			NORTH AMERICA	OPERATING SUPPORT	20,968.	WIRE			
(8)			NORTH AMERICA	OPERATING SUPPORT	191,706.	WIRE			
(9)			SOUTH AMERICA	OPERATING SUPPORT	90,000.	WIRE			
(10)			SOUTH AMERICA	OPERATING SUPPORT	424,026.	WIRE			
(11)			SOUTH AMERICA	OPERATING SUPPORT	10,000.	WIRE			
(12)			SOUTH AMERICA	OPERATING SUPPORT	90,000.	WIRE			
(13)			SOUTH AMERICA	OPERATING SUPPORT	176,667.	WIRE			
(14)			SOUTH AMERICA	OPERATING SUPPORT	75,000.	WIRE			
(15)			SOUTH AMERICA	OPERATING SUPPORT	93,161.	WIRE			
(16)			SOUTH AMERICA	OPERATING SUPPORT	269,405.	WIRE			

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

3 Enter total number of other organizations or entities **▶** _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	OPERATING SUPPORT	23,000.	WIRE			
(2)			SOUTH AMERICA	OPERATING SUPPORT	1,358,520.	WIRE			
(3)			SOUTH AMERICA	OPERATING SUPPORT	40,968.	WIRE			
(4)			SOUTH AMERICA	OPERATING SUPPORT	49,479.	WIRE			
(5)			SOUTH AMERICA	OPERATING SUPPORT	182,673.	WIRE			
(6)			SOUTH AMERICA	OPERATING SUPPORT	70,968.	WIRE			
(7)			SOUTH AMERICA	OPERATING SUPPORT	137,209.	WIRE			
(8)			SOUTH AMERICA	OPERATING SUPPORT	572,519.	WIRE			
(9)			SOUTH AMERICA	OPERATING SUPPORT	91,799.	WIRE			
(10)			SOUTH AMERICA	OPERATING SUPPORT	346,154.	WIRE			
(11)			SOUTH AMERICA	OPERATING SUPPORT	169,419.	WIRE			
(12)			SOUTH AMERICA	OPERATING SUPPORT	52,846.	WIRE			
(13)			SOUTH AMERICA	OPERATING SUPPORT	232,876.	WIRE			
(14)			SOUTH AMERICA	OPERATING SUPPORT	44,000.	WIRE			
(15)			SOUTH AMERICA	OPERATING SUPPORT	100,000.	WIRE			
(16)			SOUTH AMERICA	OPERATING SUPPORT	212,871.	WIRE			

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

3 Enter total number of other organizations or entities **▶** _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	OPERATING SUPPORT	293,506.	WIRE			
(2)			SOUTH AMERICA	OPERATING SUPPORT	63,000.	WIRE			
(3)			SOUTH AMERICA	OPERATING SUPPORT	336,962.	WIRE			
(4)			SOUTH AMERICA	OPERATING SUPPORT	61,199.	WIRE			
(5)			SOUTH AMERICA	OPERATING SUPPORT	398,846.	WIRE			
(6)			SOUTH AMERICA	OPERATING SUPPORT	55,000.	WIRE			
(7)			SOUTH AMERICA	OPERATING SUPPORT	10,000.	WIRE			
(8)			SOUTH AMERICA	OPERATING SUPPORT	737,689.	WIRE			
(9)			SOUTH AMERICA	OPERATING SUPPORT	479,824.	WIRE			
(10)			SOUTH AMERICA	OPERATING SUPPORT	755,794.	WIRE			
(11)			SOUTH AMERICA	OPERATING SUPPORT	239,400.	WIRE			
(12)			SOUTH AMERICA	OPERATING SUPPORT	400,036.	WIRE			
(13)			SOUTH AMERICA	OPERATING SUPPORT	221,470.	WIRE			
(14)			SOUTH AMERICA	OPERATING SUPPORT	3,053,254.	WIRE			
(15)			SOUTH ASIA	OPERATING SUPPORT	40,968.	WIRE			
(16)			SOUTH ASIA	OPERATING SUPPORT	40,968.	WIRE			

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

3 Enter total number of other organizations or entities **▶** _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	OPERATING SUPPORT	30,968.	WIRE			
(2)			SOUTH ASIA	OPERATING SUPPORT	160,968.	WIRE			
(3)			SOUTH ASIA	OPERATING SUPPORT	20,968.	WIRE			
(4)			SOUTH ASIA	OPERATING SUPPORT	117,968.	WIRE			
(5)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	30,968.	WIRE			
(6)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	32,968.	WIRE			
(7)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	48,968.	WIRE			
(8)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	100,968.	WIRE			
(9)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	26,268.	WIRE			
(10)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	40,968.	WIRE			
(11)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	30,968.	WIRE			
(12)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	35,968.	WIRE			
(13)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	26,968.	WIRE			
(14)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	70,968.	WIRE			
(15)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	110,000.	WIRE			
(16)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	50,000.	WIRE			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	285,141.	WIRE			
(2)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	30,000.	WIRE			
(3)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	31,875.	WIRE			
(4)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	25,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	55,175.	WIRE			
(6)			SUB-SAHARAN AFRICA	OPERATING SUPPORT	35,984.	WIRE			
(7)			SOUTH AMERICA	OPERATING SUPPORT	157,921.	WIRE			
(8)			SOUTH AMERICA	OPERATING SUPPORT	6,405.	WIRE			
(9)			SOUTH AMERICA	OPERATING SUPPORT	110,000.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	OPERATING SUPPORT	955,000.	WIRE			
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

IPPFWHR (DBA FOS FEMINISTA) CREATED AN ALLIANCE OF MORE THAN 170 ORGANIZATIONS AND ALLIES THAT WORKED IN MORE THAN 40 COUNTRIES IN 2022.

THE PARTNER ORGANIZATIONS WERE REQUIRED TO SUBMIT THE FOLLOWING:

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

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

STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS. THE ALLIES WERE

REQUIRED TO SUBMIT THE FOLLOWING:

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

Part V Supplemental Information

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

-
- 2) A SIGNED SUB-GRANT AGREEMENT WITH SPECIFIC TERMS AND CONDITIONS;
 - 3) ANNUAL AND MID-YEAR PROJECT REPORTS THAT INCLUDE DETAILED FINANCIALS
AND PROGRAM EXECUTION; AND
 - 4) AN ANNUAL EXTERNAL AUDIT AND MANAGEMENT LETTER;

THESE REPORTS ARE COLLECTED AND REVIEWED BY IPPFWHR (DBA FOS FEMINISTA)
STAFF TO ENSURE COMPLIANCE WITH GRANT AND DONORS RULES & REGULATIONS.
NARRATIVES AND FINANCIALS SHOULD BE SUBMITTED TO IPPFWHR (DBA FOS
FEMINISTA) AS PER THE REPORTING SCHEDULE INCLUDED IN EACH AGREEMENT.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

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

Employer identification number
13-1845455

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,580,000.	2,296,233.	283,767.

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

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

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

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

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

FUNDRAISING ACTIVITIES

SCHEDULE G, PART I, LINE 2B:

DURING 2022, IPPFWHR (DBA FOS FEMINISTA) PAID MAL WARWICK DONOR-DIGITAL A \$119,858 RETAINER FEE FOR PRINTING AND MAILING SERVICES, INCLUDING STRATEGY ON MAILINGS, AND M&R STRATEGIC SERVICES, INC. A \$1,391,111 RETAINER FEE FOR DIGITAL MARKETING, FUNDRAISING AND ENGAGEMENT, AS REPORTED ON SCHEDULE G. IPPFWHR (DBA FOS FEMINISTA) ALSO REIMBURSED MAL WARWICK DONOR-DIGITAL \$785,264 FOR COSTS RELATED TO DESIGN, PRINTING, FULFILLMENT, AND POSTAGE OF DIRECT MAIL CAMPAIGNS.

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

NAME:

MAL WARWICK DONOR-DIGITAL

ADDRESS:

1625 K STREET NW, SUITE 300
WASHINGTON, DC 20006

ACTIVITY :

MAIL AND ONLINE

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	2,082,933.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	905,122.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	1,177,811.

NAME:

M&R STRATEGIC SERVICES, INC.

ADDRESS:

1101 CONNECTICUT AVENUE NW 7TH FLOOR
WASHINGTON, DC 20036

ACTIVITY :

MARKETING & FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	497,067.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	1,391,111.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-894,044.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization INTERNATIONAL PLANNED PARENTHOOD FEDERATION
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FAMILIES PLANNING ASSOCIATION OF PUERTO RIC PO BOX 192379 SAN JUAN, PR 00919	23-7034732	501(C)(3)	191,578.				REPRODUCTIVE HEALTH
(2) EQUIMUNDO CENTER FOR MASCULINITIES AND SOCI 1367 CONN. AVE. NW WASHINGTON, DC 20036	26-1931968	501(C)(3)	133,709.				REPRODUCTIVE HEALTH
(3) EDUCATION AS A VACCINE AGAINST AIDS INC PO BOX 714 NEW YORK, NY 10163	31-1774988	501(C)(3)	130,968.				HEALTH AND DEV'T
(4) CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET NEW YORK, NY 10038	13-3669731	501(C)(3)	97,673.				REPRODUCTIVE HEALTH
(5) CREATING RESOURCES FOR EMPOWERMENT AND ACTI PC 240 WEST 102ND STREET NEW YORK, NY 10025	31-1812979	501(C)(3)	72,250.				REPRODUCTIVE HEALTH
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
- Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

MONITORING THE USE OF GRANTS

SCHEDULE I, PART I, LINE 2:

IPPFWHR'S (DBA FOS FEMINISTA) DOMESTIC GRANTEEES ARE AUTONOMOUS 501(C)(3) NON-PROFIT ORGANIZATIONS. DOMESTIC GRANTEEES ARE REQUIRED TO SUBMIT THE FOLLOWING: 1) ANNUAL PROJECT BUDGET OUTLINING HOW OVERALL BUDGET WILL BE SPENT INCLUDING PROGRAM INFORMATION; 2) A SIGNED FUNDING AGREEMENT WITH SPECIFIC TERMS AND CONDITIONS; AND 3) AN ANNUAL REPORT THAT INCLUDES DETAILED FINANCIALS, PROGRAM, AND SERVICE STATISTICS. THESE REPORTS ARE COLLECTED AND REVIEWED BY IPPFWHR (DBA FOS FEMINISTA) STAFF TO ENSURE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

COMPLIANCE WITH GRANT DOCUMENTS AND DONORS RULES & REGULATIONS.

NARRATIVES AND FINANCIALS SHOULD BE SUBMITTED TO IPPFWHR (DBA FOS

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Employer identification number
13-1845455

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GISELLE CARINO CEO	(i)	345,837.	NONE	270.	41,363.	43,939.	431,409.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 CHRISTINE GARRISON CHIEF FINANCIAL OFFICER	(i)	232,675.	NONE	180.	32,337.	43,385.	308,577.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 DEBORA DENIZ RODRIGUES DEPUTY CEO	(i)	239,568.	NONE	414.	33,204.	30,474.	303,660.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 DANA ROGERS DEV. & STR. PTR. OFFICER	(i)	168,130.	NONE	414.	21,362.	43,482.	233,388.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 VIVIANE GOUDEROU CHIEF OF PPL, INCLUSION&CULTURE	(i)	173,956.	NONE	270.	22,464.	38,901.	235,591.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 MILO SYBRANT, CHIEF DE CO-LEAD EFF. JULY 2022	(i)	176,150.	NONE	180.	21,690.	3,373.	201,393.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 CHUN HUA (MARK) PO BUSS INTEL, EVAL RESEARCH DIR.	(i)	134,949.	NONE	180.	15,453.	14,433.	165,015.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 SERRA SIPPEL THRU 11/3 CHIEF GLOBAL ADVOCACY OFFICER	(i)	188,881.	NONE	100,380.	20,386.	25,990.	335,637.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A

SERRA SIPPEL RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$100,000.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

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Name of the organization
INTERNATIONAL PLANNED PARENTHOOD FEDERATION
WESTERN HEMISPHERE REGION

Employer identification number
13-1845455

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	152,969.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** NONE

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

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

Schedule M (Form 990) 2022

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.

SCHEDULE M, PART I, COLUMN (B):

THE FILING ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS
RECEIVED.

SCHEDULE M, PART I, LINE 32A:

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2022

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Inspection**

Employer identification number

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

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

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

FOS FEMINISTA: INTERNATIONAL ALLIANCE FOR SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE (SRHRJ) IS AN INTERSECTIONAL FEMINIST ORGANIZATION CENTERED AROUND THE RIGHTS AND NEEDS OF WOMEN, GIRLS, AND GENDER-DIVERSE PEOPLE IN THE GLOBAL SOUTH AND INTERNATIONALLY. IN 2022, FOS FEMINISTA ACTIVELY ENGAGED WITH MORE THAN 170 ORGANIZATIONS IN MORE THAN 40 COUNTRIES TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE.

FOS FEMINISTA FACILITATES TRANSNATIONAL AND TRANSREGIONAL COLLABORATION AND LEARNING AMONG PARTNERS; AMPLIFIES PARTNERS' WORK AND VOICES; AND CATALYZES SUPPORT FOR AN INTERSECTIONAL FEMINIST AGENDA FOR SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE IN CARE, DONOR, AND POLICY SPACES. FOS FEMINISTA IS THE ASSUMED NAME OF THE INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION, INC. (IPPFWHR), A NOT-FOR-PROFIT CORPORATION EXEMPT FROM INCOME TAXES UNDER SECTION

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

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Internal Revenue Service

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OMB No. 1545-0047

2022

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501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) THAT WAS INCORPORATED IN NEW YORK STATE IN 1955. IN EARLY 2021, NEW YORK STATE APPROVED IPPFWHR AS A CHARITABLE ORGANIZATION (PREVIOUSLY A MEMBERSHIP ORGANIZATION). IN JUNE 2021, FOS FEMINISTA RECEIVED CONTRIBUTIONS FROM TWO MISSION-ALIGNED ORGANIZATIONS, THE CENTER FOR HEALTH AND GENDER EQUITY (CHANGE) AND THE INTERNATIONAL WOMEN'S HEALTH COALITION (IWHC), TO CREATE A FEMINIST ALLIANCE THAT INTEGRATES THE WORK AND PARTNERSHIPS OF THE THREE ORGANIZATIONS WITH A VISION TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS WORLDWIDE FROM AN INTERSECTIONAL FEMINIST LENS. IN SEPTEMBER 2021, IPPFWHR FILED A CERTIFICATE OF ASSUMED NAME WITH THE STATE OF NEW YORK IN ORDER TO DO BUSINESS AS FOS FEMINISTA, AND PUBLICLY LAUNCHED THE FEMINIST ALLIANCE UNDER THIS NEW NAME IN OCTOBER 2021.

FOS FEMINISTA'S BOARD OF DIRECTORS HAS NINE MEMBERS, COMPRISING SIX INDEPENDENT DIRECTORS AND THREE DIRECTORS WHO ARE FROM PARTNER ORGANIZATIONS. CURRENTLY, SEVEN OUT OF THE NINE DIRECTORS COME FROM THE GLOBAL SOUTH. THE WORK OF THE BOARD IS SUPPORTED BY SIX PERMANENT COMMITTEES, COMPRISING BOARD MEMBERS, EXTERNAL MEMBERS, AND REPRESENTATIVES FROM PARTNER ORGANIZATIONS.

FOS FEMINISTA'S APPROACH BUILDS ON ITS NEARLY 70-YEAR HISTORY, INTERSECTIONAL FEMINIST PRINCIPLES, AND THE EXPERIENCES OF AND RELATIONSHIPS WITH ITS PARTNERS TO RESPOND TO ENTRENCHED AND EMERGING SOCIAL, POLITICAL, AND HUMANITARIAN ISSUES THAT IMPACT THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN, GIRLS, AND GENDER-DIVERSE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2022

**Open to Public
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Employer identification number

PEOPLE. IN 2022, FOS FEMINISTA OPERATED UNDER THE STRATEGIC FRAMEWORK FOR 2016-2022, WHICH WAS APPROVED BY ITS BOARD OF DIRECTORS IN 2015. IN 2021, FOS FEMINISTA INITIATED A PROCESS TO REFRESH THIS STRATEGIC FRAMEWORK TO REFLECT ITS TRANSFORMATION AS AN INTERSECTIONAL FEMINIST ALLIANCE WITH PARTNERS IN EVERY REGION OF THE GLOBAL SOUTH AND TO GUIDE ITS WORK FOR A TWO-YEAR PERIOD. THIS STRATEGIC REFRESH FOR 2023-2024 ARTICULATES THREE COMMITMENTS OF THE ALLIANCE: EXPANDING ACCESS TO CARE AND SERVICES FOR CONTRACEPTION, ABORTION, SEXUAL AND GENDER-BASED VIOLENCE, AND COMPREHENSIVE SEXUALITY EDUCATION; TRANSFORMING LAWS, POLICIES, AND SOCIAL NORMS TO ACHIEVE GENDER AND REPRODUCTIVE JUSTICE; AND STRENGTHENING INTERSECTIONAL FEMINIST MOVEMENTS AND ORGANIZATIONS. IT ALSO DEFINES TWO PRIORITY AREAS FOR ACTION UNDER EACH COMMITMENT, AS WELL AS FOS FEMINISTA'S ADDED VALUE TO THE ALLIANCE AND TO THE BROADER ECOSYSTEM OF SRHRJ ACTORS. THE BOARD APPROVED THE STRATEGIC REFRESH IN JUNE 2022 AND THE RELATED ACCOUNTABILITY AND LEARNING FRAMEWORK IN OCTOBER 2022.

IN 2018, FOS FEMINISTA BECAME A FOUNDING MEMBER AND 20% EQUITY PARTNER IN A NEWLY FORMED FOR-PROFIT ENTITY, INNOVA HEALTH SUPPLIES, S.A. (INNOVA), IN PANAMA, WITH A PAYMENT OF \$200,000. THE ENTITY WAS ESTABLISHED WITH PARTNER ORGANIZATIONS TO PROVIDE QUALITY, TIMELY, AND LOW-COST CONTRACEPTION AND OTHER REPRODUCTIVE HEALTH PRODUCTS. FOS FEMINISTA IS NOW A 16.67% EQUITY PARTNER.

FOS FEMINISTA CANADA IS POSITIONED TO RAISE AWARENESS IN CANADA ABOUT

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2022

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Employer identification number

SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE ISSUES AND NEEDS, AND TO MOBILIZE RESOURCES TO SUPPORT LOCAL PARTNERS WORLDWIDE TO ADVANCE THIS MISSION. ORIGINALLY INCORPORATED AS IPPF CANADA ON MARCH 19, 2018, UNDER THE CANADA NOT-FOR-PROFIT CORPORATIONS ACT AS A CORPORATION WITHOUT SHARE CAPITAL, THE NAME WAS CHANGED IN OCTOBER 2021 TO FOS FEMINISTA CANADA. FOS FEMINISTA IS THE SOLE MEMBER OF FOS FEMINISTA CANADA; AS SUCH, FOS FEMINISTA CANADA'S FINANCIAL INFORMATION WILL BE CONSOLIDATED INTO FOS FEMINISTA'S FINANCIAL STATEMENTS. FOS FEMINISTA CANADA IS CLASSIFIED AS A CHARITABLE ORGANIZATION AS DEFINED IN PARAGRAPH 149.1(1) OF THE INCOME TAX ACT (CANADA) (THE TAX ACT) AND, THEREFORE, IS EXEMPT FROM INCOME TAX PROVIDING THAT IT COMPLIES WITH THE DONATION AND CERTAIN OTHER REQUIREMENTS AS SPECIFIED BY THE TAX ACT.

IN JANUARY 2021, FOS FEMINISTA ESTABLISHED A SUBSIDIARY IN COLOMBIA, REGISTERED AS INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION COLOMBIA (COLOMBIA SUBSIDIARY), TO ENABLE ITS WORK IN COLOMBIA. THE COLOMBIA SUBSIDIARY CHANGED ITS NAME TO FOS FEMINISTA EFFECTIVE JANUARY 2022. ADDITIONALLY, FOS FEMINISTA WORKS WITH FOS FEMINISTA, A.C., A MEXICAN ENTITY FORMED IN 2017 AS THE FEDERACIÓN INTERNACIONAL DE LA PLANEACIÓN FAMILIAR - MEXICO, A.C. (MEXICO). THE OFFICIAL NAME OF THE MEXICAN ENTITY WAS CHANGED TO FOS FEMINISTA, A.C. EFFECTIVE FEBRUARY 2022. FOS FEMINISTA PAID MEXICO CONSULTING EXPENSES RELATED TO CARRYING OUT MEXICO'S MISSION. FOS FEMINISTA ALSO PROVIDES FINANCIAL AND TECHNICAL ASSISTANCE AND ADVISORY SERVICES TO THESE ORGANIZATIONS.

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

Department of the Treasury
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OMB No. 1545-0047

2022

**Open to Public
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Employer identification number

THE FOS FEMINISTA FUND (THE FUND), A NOT-FOR-PROFIT CORPORATION, WAS FORMED EXCLUSIVELY FOR CHARITABLE PURPOSES (SEE NOTES 10, 11, AND 13). IN APRIL 2023, THE FUND FILED THE NECESSARY DOCUMENTS WITH THE STATE OF DELAWARE TO CHANGE THE ENTITY'S CORPORATE NAME TO THE FOS FEMINISTA FUND.

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

THE RESOURCE ALLOCATION FOR 2022 WILL RESPOND TO THE PRIORITY OBJECTIVES OF FOS FEMINISTA'S IMPLEMENTATION PLAN UNDER THE STRATEGIC FRAMEWORK FOR 2016-2022, AS DETAILED BELOW. BEGINNING IN 2023, THE RESOURCE ALLOCATION WILL RESPOND TO THE COMMITMENTS AND PRIORITIES OF THE NEW STRATEGIC REFRESH.

ADVOCACY IS PRIORITY OBJECTIVE ONE: GALVANIZE COMMITMENT AND SECURE LEGISLATIVE, POLICY, AND REGULATORY IMPROVEMENTS FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) AND GENDER EQUALITY. FOS FEMINISTA WILL INVEST IN RAISING AWARENESS ABOUT THESE ISSUES AT LOCAL, REGIONAL, AND INTERNATIONAL LEVELS, WITH A FOCUS ON HOLDING GOVERNMENTS ACCOUNTABLE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2022

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TO THEIR COMMITMENTS. WORKING IN COORDINATION WITH ITS PARTNERS, FOS FEMINISTA WILL EDUCATE DECISION-MAKERS AND PARTICIPATE IN KEY LOCAL, REGIONAL, AND INTERNATIONAL PROCESSES.

ENGAGE LEADERS IS PRIORITY OBJECTIVE TWO: ENGAGE WOMEN, GENDER-DIVERSE PEOPLE, AND YOUTH LEADERS AS ADVOCATES FOR CHANGE. THE DENIAL OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AFFECTS WOMEN, GENDER-DIVERSE PEOPLE, AND YOUNG PEOPLE DISPROPORTIONATELY, PARTICULARLY THOSE LIVING AT THE MARGINS, AND SO IT IS IMPORTANT THAT THEY ARE AT THE FOREFRONT OF EFFORTS TO SECURE POLICY AND PRACTICE CHANGE FROM GOVERNMENTS. FOS FEMINISTA WILL STRENGTHEN ITS LINKS WITH YOUTH, LGBTQI+, AND WOMEN'S ORGANIZATIONS AND PROVIDE PATHWAYS FOR LEADERS FROM THESE COMMUNITIES, PARTICULARLY YOUNG WOMEN.

THESE PROGRAMS WILL BE DEVELOPED IN COLLABORATION WITH FOS FEMINISTA'S PARTNERS, WITH THE AIM OF ENGAGING PEOPLE WHO MAY NOT TYPICALLY BE INVOLVED DUE TO MULTIPLE FORMS OF DISCRIMINATION, EXCLUSION, AND MARGINALIZATION. FOS FEMINISTA WILL FURTHER PROVIDE RESOURCES TO ITS YOUTH NETWORKS TO ENSURE GREATER COORDINATION AND COLLABORATION.

COMPREHENSIVE SEXUALITY EDUCATION IS PRIORITY OBJECTIVE THREE: ENABLE YOUNG PEOPLE TO ACCESS COMPREHENSIVE SEXUALITY EDUCATION AND REALIZE THEIR SEXUAL RIGHTS. DATA SHOW THAT DEMAND FOR SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND INFORMATION AMONG YOUNG PEOPLE-THE LARGEST GENERATION OF YOUNG PEOPLE EVER-IS ALREADY OUTSTRIPPING SUPPLY. FOS FEMINISTA KNOWS

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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OMB No. 1545-0047

2022

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Employer identification number

THAT YOUNG PEOPLE WHO ARE ABLE TO EXERCISE THEIR SEXUAL AND REPRODUCTIVE RIGHTS, INCLUDING BY ACCESSING SERVICES, HAVE THE POTENTIAL TO BE AGENTS OF CHANGE BY CHALLENGING PREJUDICES AND SOCIAL NORMS AND BY CONTRIBUTING TO SEXUALITY EDUCATION TO EQUIP YOUNG PEOPLE WITH SKILLS AND KNOWLEDGE TO DETERMINE AND ENJOY THEIR SEXUALITY AND PROTECT THEIR HEALTH, WITH A PRIORITY FOCUS ON INTERVENTIONS FOR REACHING THE MOST MARGINALIZED YOUTH, IN AND OUT OF SCHOOL.

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

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

DELIVER SERVICES DIRECTLY IS PRIORITY OBJECTIVE FIVE: DELIVER RIGHTS-BASED SERVICES, INCLUDING CONTRACEPTION, SAFE AND LEGAL ABORTION, AND CARE FOR VICTIMS OF GENDER-BASED VIOLENCE. MILLIONS OF WOMEN, GENDER-DIVERSE PEOPLE, AND YOUNG PEOPLE AROUND THE WORLD-PARTICULARLY

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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2022

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THOSE LIVING AT THE MARGINS-LACK ACCESS TO HIGH-QUALITY, RIGHTS-BASED
SEXUAL AND REPRODUCTIVE HEALTH SERVICES, CONTRIBUTING TO HIGH RATES OF
ADOLESCENT AND UNPLANNED PREGNANCY, UNSAFE ABORTION, AND MATERNAL DEATH.
FOS FEMINISTA WILL WORK WITH ITS PARTNERS TO IDENTIFY, PROMOTE, AND SCALE
INNOVATIVE SOLUTIONS FOR EXPANDING ACCESS TO SEXUAL AND REPRODUCTIVE
HEALTH SERVICES, INCLUDING WOMAN-TO-WOMAN CARE, MOBILE CLINICS,
TELEMEDICINE PLATFORMS, AND CLINICS.

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

INSTITUTIONAL DEVELOPMENT IS PRIORITY OBJECTIVE SEVEN: ENHANCE
OPERATIONAL EFFECTIVENESS AND DOUBLE NATIONAL AND GLOBAL INCOME. FOS
FEMINISTA IS COMMITTED AND HAS AN ETHICAL OBLIGATION TO MAKE THE MOST OF
ITS RESOURCES AND TO BE FLEXIBLE AND RESPONSIVE TO CHANGING SOCIAL,
POLITICAL, AND ECONOMIC CONTEXTS. FOS FEMINISTA IS DECENTRALIZING ITS
OPERATIONS AND EVOLVING ITS BUSINESS AND FUNDING MODEL TO ENSURE THAT IT

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

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2022

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CAN OFFER A STABLE AND DIVERSIFIED FUNDING PORTFOLIO-INCLUDING FLEXIBLE FUNDING, RESTRICTED GRANTS, AND REPAYABLE FINANCING-TO SUPPORT PARTNERS TO FUND THEIR BUSINESS PLANS. FOS FEMINISTA MOBILIZES UNRESTRICTED AND RESTRICTED RESOURCES, LEADS AN INNOVATION AND SOCIAL ENTERPRISE LAB FOR PARTNERS TO BUILD THEIR BUSINESS ACUMEN AND DEVELOP SUSTAINABLE STRATEGIES FOR EXPANDING ACCESS TO SRHR, AND MANAGES A FEMINIST IMPACT FUND THAT PROVIDES LOW-INTEREST LOANS TO FUND PARTNERS' SOCIAL ENTERPRISE MODELS.

VOLUNTEERS AND SUPPORTERS IS PRIORITY OBJECTIVE EIGHT: GROW FOS FEMINISTA'S VOLUNTEER AND ACTIVIST SUPPORTER BASE. FOS FEMINISTA'S WORK IS DEMANDED AND DELIVERED BY COMMUNITIES-THIS GROUNDSWELL OF GRASSROOTS SUPPORT GIVES LEGITIMACY TO AND IS THE FOUNDATION OF FOS FEMINISTA'S WORK. OPPOSITION GROUPS, A VOCAL MINORITY IN MANY PLACES, THREATEN THE GAINS THAT THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS MOVEMENT HAS ACHIEVED, AND THERE IS NOW A NEED TO GROW AND LEAD THE VOLUNTEER AND ACTIVIST SUPPORTER BASE FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AT ALL LEVELS TO PRESENT A CLEAR, ALTERNATIVE VOICE TO ANTI-RIGHTS GROUPS.

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICE EXPENSES OF \$11,237,653, INCLUDING GRANTS OF \$7,194,217, ARE ATTRIBUTABLE TO THE FOLLOWING PROGRAMS:

- ENABLE SERVICES: EXPENSES \$3,634,746 INCLUDING GRANTS OF \$2,780,783
- MEDIA AND PUBLIC OPINION: EXPENSES \$2,634,516 INCLUDING GRANTS OF \$1,114,075
- ENGAGE LEADERS: EXPENSES \$2,036,425 INCLUDING GRANTS OF \$1,137,580

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OMB No. 1545-0047

2022

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Inspection**

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- COMPREHENSIVE SEXUALITY EDUCATION: EXPENSES \$1,957,481 INLCUDING GRANTS OF \$1,656,141
- VOLUNTEERS AND SUPPORTERS: EXPENSES \$974,485 INCLUDING GRANTS OF \$505,638

FORM 990, PART VI, LINE 4:

IN MAY 2023, THE ORGANIZATION'S BOARD OF DIRECTORS APPROVED A REVISION TO THE ORGANIZATION'S BYLAWS. THE MOST SIGNIFICANT CHANGES INCLUDED: INCREASING THE SIZE OF THE BOARD OF DIRECTORS FROM 9 DIRECTORS TO 11 DIRECTORS; INCREASING THE QUORUM FROM 5 DIRECTORS TO 6 DIRECTORS; PROVIDING THE CHAIRPERSON WITH A CASTING VOTE IN THE EVENT OF A TIE; AND ALLOWING THE BOARD OF DIRECTORS TO FILL VACANCIES AMONG DIRECTORS AND OFFICERS UNTIL THE NEXT ELECTION, THE END OF THE TERMS FOR WHICH THE DIRECTORS OR OFFICERS WERE ELECTED, OR FOR ANOTHER PERIOD OF TIME NOT TO EXCEED 3 YEARS.

FORM 990, PART VI, LINE 11B:

THE ORGANIZATION'S FORM 990 IS INITIALLY PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE DEPARTMENT IN CONSULTATION WITH THE ORGANIZATION'S STAFF. THE FINANCE DEPARTMENT AND THE ORGANIZATION'S CEO THEN REVIEW AND APPROVE THE DRAFT RETURN. THE DRAFT RETURN IS THEN PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

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:

IN PROPOSING AND DETERMINING A COMPETITIVE AND EQUITABLE SALARY FOR FÒS FEMINISTA'S CEO, A REVIEW OF THE COMPENSATION PAID TO CEO'S AT LEADING ORGANIZATIONS WITH SIMILAR BUDGET AND SIZE WAS CONSIDERED. SURVEY DATA FROM THE PRM NON-PROFIT EXECUTIVE COMPENSATION SURVEY REFLECTING ORGANIZATIONS IN NYC WITH OPERATING BUDGETS OF \$15M-\$29.9M WAS CONSIDERED A GOOD REFERENCE POINT FOR FÒS FEMINISTA. THIS DATA WAS SHARED WITH OUR BOARD CHAIRPERSON AND VICE CHAIRPERSON FOR REVIEW AND CONSIDERATION. THE

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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2022

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Inspection**

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BOARD CHAIR AND THE BOARD AGREED WITH THE COMPENSATION DATA PROVIDED BY THE INDEPENDENT CONSULTANT. THUS, OUR CEO SALARY INCREASE REFLECTS THIS RECOMMENDATION. THE DELIBERATION AND DECISION OF CEO'S COMPENSATION WAS CONTEMPORANEOUSLY DOCUMENTED IN A MEMO BETWEEN THE BOARD CHAIR, VICE-CHAIR, AND CEO. THIS WORK WAS CONDUCTED IN 2022.

FOR OTHER KEY PERSONNEL AND ALL TEAMS AT THE ORGANIZATION, IN 2021-2022 WE HIRED AN INDEPENDENT COMPENSATION EXPERT TO REVIEW OUR JOBS AND DEVELOP OUR CURRENT SALARY BANDS (WHICH INCLUDES ALL POSITIONS AT THE ORGANIZATION) BASED ON RELIABLE DATA FROM INTERNATIONAL NGOS OPERATING WITH THE SAME BUDGET AND COMPARABLE IN SIZE. THE COMPENSATION WAS APPROVED BY THE BOARD AND CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, LINES 18 AND 19:

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

FORM 990, PART XI, LINE 9:

CHANGE IN INTEREST IN THE NET ASSETS OF THE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2022

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

FOS FEMINISTA FUND: \$ (3,607,186)

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES: \$ (92,423)

EXPENSES RELATED TO RELATED COLOMBIA ENTITY \$ (279,284)

TOTAL LINE 9: \$ (3,978,893)

Name of the organization

Employer identification number

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

13-1845455

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

=====

CANADA
COLOMBIA

Name of the organization

Employer identification number

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

13-1845455

FORM 990, PART VI, LINE 17 - STATES

=====

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

Name of the organization

Employer identification number

INTERNATIONAL PLANNED PARENTHOOD FEDERATION13-1845455

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
M&R STRATEGIC SERVICES INC. 1101 CONNECTICUT AVENUE NW, 7TH FLOOR WASHINGTON, DC 20036	FUNDRAISING SERVICES	1,391,111.
MALWARWICK AND ASSOCIATES 2550 NINTH STREET #103 BERKELEY, CA 94710	FUNDRAISING SERVICES	905,122.
THE 125 MAIDEN LANE 55 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10003	BUILDING MAINTENACE	388,597.
SAFEGUARD WORLD INTERNATIONAL SUITE 3-4 EDWIN FODEN BUSINESS CENTER CHESHIRE UKRAINE	STAFFING AGENCY	316,939.
CORPORATE POWER 62 WILLIAM STREET, 5TH FL NEW YORK, NY 10005	IT&COMPUTER SUPPORT	243,443.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

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Inspection**

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

Employer identification number
13-1845455

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Schedule R (Form 990) 2022

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) INNOVA HEALTH SUPPLIES, S.A.	B	955,000.	COST
(2) FOS FEMINISTA FUND	C	923,001.	COST
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII **Supplemental Information**

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