

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization IPAS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 9990 City or town, state or province, country, and ZIP or foreign postal code CHAPEL HILL, NC 27515 F Name and address of principal officer: ANURADHA KUMAR SAME AS C ABOVE	D Employer identification number 56-1071085 E Telephone number 919-967-7052 G Gross receipts \$ 66,238,990. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
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		
J Website: ▶ WWW.IPAS.ORG		
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: 1973
		M State of legal domicile: NC

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>SUPPORT WOMENS ACCESS TO SAFE ABORTION CARE AND ADVOCATE FOR REPRODUCTIVE RIGHTS.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	155
	6	Total number of volunteers (estimate if necessary)	6	18
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	37,740,862.	63,175,828.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,818,744.	3,226,847.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,220,548.	40,519.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	142,231.	-2,001,934.
12			44,922,385.	64,441,260.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,424,115.	4,985,360.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,589,198.	23,652,597.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 398,408.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,348,295.	20,695,098.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,361,608.	49,333,055.
	19	Revenue less expenses. Subtract line 18 from line 12	-22,439,223.	15,108,205.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	124,324,323.	134,624,116.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,228,740.	4,895,413.
	22		117,095,583.	129,728,703.

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 SAMUEL KIMBALL, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SARAH HINTZ	Preparer's signature SARAH HINTZ
	Date 05/09/22	Check if self-employed <input type="checkbox"/> PTIN P00492291
	Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111	Firm's EIN ▶ 41-0746749 Phone no. (303) 779-5710

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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: IPAS WORKS GLOBALLY TO ENSURE THAT WOMEN AND GIRLS HAVE IMPROVED ACCESS TO AND USE OF SAFE ABORTION AND CONTRACEPTIVE CARE. IPAS ALSO STRIVES TO FOSTER A LEGAL, POLICY, AND SOCIAL ENVIRONMENT THAT SUPPORTS WOMEN MAKING THEIR OWN SEXUAL AND REPRODUCTIVE HEALTH

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

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

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

4a (Code:) (Expenses \$ 22,806,113. including grants of \$ 2,784,241.) (Revenue \$ 1,802,141.) INCREASED ACCESS TO ABORTION AND CONTRACEPTIVE CARE: IPAS WORKS TO STRENGTHEN SERVICES IN THE PUBLIC HEALTH SECTOR, ENSURING HIGH QUALITY ABORTION AND CONTRACEPTIVE CARE BY TRAINING HEALTH PROFESSIONALS, PROVIDING CLINICAL GUIDANCE, AND EQUIPPING HEALTH FACILITIES IN URBAN AND RURAL COMMUNITIES. IPAS TEAMS WORK TO KEEP HOSPITALS AND CLINICS STOCKED WITH NECESSARY EQUIPMENT AND SUPPLIES, AND WORK WITH GOVERNMENTS TO DEVELOP NATIONAL STANDARDS AND GUIDELINES FOR ABORTION CARE. ABORTION IS HEALTH CARE, BUT NOT EVERYONE HAS ACCESS. IPAS WORKS TO ENSURE THAT ALL PEOPLE HAVE BODILY AUTONOMY AND CAN ACCESS THE ESSENTIAL HEALTHCARE THEY NEED.

4b (Code:) (Expenses \$ 8,354,305. including grants of \$ 1,019,919.) (Revenue \$ 660,158.) SUPPORTIVE LAWS AND POLICIES: IPAS'S WORK INCLUDES AVOCATING FOR POLICIES AND LAWS THAT SUPPORT ACCESS TO ABORTION AND CONTRACEPTION; REALIZING THAT CRIMINAL ABORTION LAWS INCREASE THE NUMBER OF PEOPLE WHO RESORT TO UNSAFE ABORTION METHODS. IPAS ADVOCATES FOR SAFE, LEGAL ABORTION BY EDUCATING POLICYMAKERS, TRAINING POLICE AND LAWYERS ON HOW TO UPHOLD REPRODUCTIVE RIGHTS WITHIN LEGAL SYSTEMS, AND BY PARTNERING WITH LOCAL COMMUNITY GROUPS AND COALITIONS. IPAS WORKS WITH DIVERSE PARTNERS TO ENSURE THAT ALL HUMAN RIGHTS, INCLUDING SEXUAL AND REPRODUCTIVE RIGHTS ARE RESPECTED, PROTECTED, AND FULFILLED.

4c (Code:) (Expenses \$ 9,675,374. including grants of \$ 1,181,200.) (Revenue \$ 764,548.) COMMUNITY ACCESS, SOCIAL SUPPORT, AND KNOWLEDGE: IPAS WORKS WITH LOCAL PARTNERS TO DEVELOP INNOVATIVE WAYS TO CONNECT PEOPLE WITH THE SOCIAL SUPPORT, KNOWLEGE, HEALTH INFORMATION, AND CARE THEY NEED. IPAS TEAMS REACH WOMEN AND GIRLS THROUGH HOTLINES, TELEMEDICINE, COMMUNITY HEALTH PROGRAMS, ADVOCATES AND VOLUNTEERS, AND THROUGH RADIO, THEATER, COMMUNITY DIALOGUES AND WORKSHOPS, AND SOCIAL MEDIA. THESE APPROACHES ARE MEANT TO BREAK DOWN BARRIERS AND STIGMA SO THAT HIGH-QUALITY ABORTION AND CONTRACEPTIVE CARE IS ACCESSIBLE FOR ALL.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 40,835,792.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, 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 ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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

X

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANURADHA KUMAR, PHD PRESIDENT & CHIEF EXECUTIVE OFFICER	37.50			X			318,908.	0.	34,785.	
(2) LISA SIMUTAMI EVP & CHIEF OPERATING OFFICER	37.50			X			232,340.	0.	32,089.	
(3) NATHALIE KAPP ASSOCIATE MEDICAL DIRECTOR	37.50				X		226,555.	0.	26,944.	
(4) KATHRYN ANDERSEN EVP & CHIEF SCIENTIFIC & TECH OFF.	37.50			X			210,334.	0.	26,546.	
(5) SAMUEL KIMBALL EVP & CHIEF FINANCIAL OFFICER	37.50			X			191,885.	0.	21,957.	
(6) WILLIAM POWELL SENIOR MEDICAL SCIENTIST	37.50				X		178,040.	0.	23,591.	
(7) MUADI MUKENGE EVP & CHIEF OF DEV & EXT RELATIONS	37.50			X			179,201.	0.	21,087.	
(8) LAURIE PARKER SENIOR REGIONAL PROGRAM DIRECTOR	37.50				X		157,468.	0.	26,966.	
(9) RASHA DABASH DIRECTOR, TECHNICAL EXCELLANCE	37.50				X		165,868.	0.	14,406.	
(10) JOHN BERAR CHIEF INFORMATION OFFICER THRU 7/20	37.50			X			150,468.	0.	12,219.	
(11) PAMELA BARNES BOARD MEMBER AND CHAIR	5.00	X		X			0.	0.	0.	
(12) SANDEEP PRASAD, LLB BOARD MEMBER AND CHAIR	5.00	X		X			0.	0.	0.	
(13) MONICA OGUTTU, PHD BOARD MEMBER AND VICE CHAIR	5.00	X		X			0.	0.	0.	
(14) MARIO MARTIN PECHENY, PHD BOARD MEMBER AND VICE CHAIR	5.00	X		X			0.	0.	0.	
(15) TRISH DEVINE KARLIN, MBA BOARD MEMBER AND TREASURER	5.00	X		X			0.	0.	0.	
(16) JOHN STANBACK, PHD BOARD MEMBER AND SECRETARY	5.00	X		X			0.	0.	0.	
(17) LILLIAN ABRACINSKAS BOARD MEMBER	5.00	X					0.	0.	0.	

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 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			
(18) MANJUSHREE BADLANI, MA BOARD MEMBER	5.00	X					0.	0.	0.	
(19) LAURIE CAMPBELL, MBA BOARD MEMBER	5.00	X					0.	0.	0.	
(20) ISHITA CHAUDRY BOARD MEMBER	5.00	X					0.	0.	0.	
(21) LINDA DENICOLA, MBA BOARD MEMBER	5.00	X					0.	0.	0.	
(22) YIRGU GEBREHIWOT, MD, MSC BOARD MEMBER	5.00	X					0.	0.	0.	
(23) HANS LINDE BOARD MEMBER	5.00	X					0.	0.	0.	
(24) HAYFORD MENSAH, CPA, MBS, MS BOARD MEMBER	5.00	X					0.	0.	0.	
(25) PIPER ORTON, MBA BOARD MEMBER	5.00	X					0.	0.	0.	
(26) CARLOS PLAZAS, MA BOARD MEMBER	5.00	X					0.	0.	0.	
1b Subtotal							2,011,067.	0.	240,590.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,011,067.	0.	240,590.	

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 37

	Yes	No
3 Did the organization list any former officer, director, 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
CREO, 4601 CREEKSTONE DRIVE, SUITE 124, DURHAM, NC 27703	OUTSOURCED IT FUNCTION	556,106.
EGROUP HOLDING COMPANY, 482 WANDO PARK BLVD., MOUNT PLEASANT, SC 29464	IT SERVICES AND SOFTWARE SUBSCRIPTIONS	383,276.
OGLETREE, DEAKINS, NASH, SMOAK, 50 INTERNATIONAL DRIVE, SUITE 200, INVISORS, LLC	INTERNATIONAL LEGAL SUPPORT	318,948.
122 OLYMPUS WAY, JUPITER, FL 33477 ETTAIN GROUP INC.	IT ERP PROFESSIONAL FEES	222,453.
PO BOX 60070, CHARLOTTE, NC 28260	IT PROFESSIONAL FEES	171,309.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) RUBINA SOHAIL, MD BOARD MEMBER THRU 6/21	5.00	X						0.	0.	0.
(28) LOUISE WINSTANLY, LLB BOARD MEMBER	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	46,563,984.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,611,844.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			63,175,828.			
Program Service Revenue	2 a CONTRACT REVENUE	Business Code					
		900099	3,226,847.	3,226,847.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,226,847.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		317,632.			317,632.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		55,035.			55,035.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				1,520,617.			
	b Less: cost or other basis and sales expenses	7b	1,379,100.	418,630.			
	c Gain or (loss)	7c	141,517.	-418,630.			
	d Net gain or (loss)			-277,113.		-277,113.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a FOREIGN CURRENCY GAIN	Business Code					
		900099	293,723.			293,723.	
	b OTHER INCOME	900099	-20,418.			-20,418.	
	c EARLY LEASE TERM. LOSS	900099	-2,330,274.			-2,330,274.	
	d All other revenue						
e Total. Add lines 11a-11d			-2,056,969.				
12 Total revenue. See instructions			64,441,260.	3,226,847.	0.	-1,961,415.	

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 X

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 ...	8,000.	8,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,977,360.	4,977,360.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,260,915.	297,912.	861,157.	101,846.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,686,402.	12,784,799.	2,746,395.	155,208.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	607,516.	143,320.	415,189.	49,007.
9 Other employee benefits	5,124,485.	4,857,592.	231,387.	35,506.
10 Payroll taxes	973,279.	229,911.	743,368.	
11 Fees for services (nonemployees):				
a Management				
b Legal	261,724.	182,864.	78,860.	
c Accounting	242,257.	95,488.	146,769.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,259.	69,259.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	6,766,621.	5,260,711.	1,495,323.	10,587.
12 Advertising and promotion	328,740.	328,620.		120.
13 Office expenses	1,328,680.	1,167,040.	139,394.	22,246.
14 Information technology	1,482,696.	1,274,981.	194,566.	13,149.
15 Royalties				
16 Occupancy	1,404,175.	953,530.	450,645.	
17 Travel	4,141,867.	4,141,780.	87.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	45,963.	44,646.	578.	739.
20 Interest	3,509.	3,509.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	195,869.	45,742.	150,127.	
23 Insurance	335,297.	33,276.	302,021.	
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 MEDICAL SUPPLIES	1,841,259.	1,841,259.		
b VENUE COSTS	1,230,154.	1,230,154.		
c FFE EXPENSES	513,571.	458,995.	54,576.	
d SITE STRENGTHENING	255,072.	255,072.		
e All other expenses	248,385.	149,972.	88,413.	10,000.
25 Total functional expenses. Add lines 1 through 24e	49,333,055.	40,835,792.	8,098,855.	398,408.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	12,764,061.	1	12,449,726.
	2 Savings and temporary cash investments	52,212,741.	2	43,921,215.
	3 Pledges and grants receivable, net	44,809,839.	3	58,457,456.
	4 Accounts receivable, net	3,750,748.	4	1,924,223.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,062,126.	9	838,695.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 870,459.		
	b Less: accumulated depreciation	10b 597,764.	898,228.	10c 272,695.
	11 Investments - publicly traded securities	8,826,580.	11	16,760,106.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	124,324,323.	16	134,624,116.	
Liabilities	17 Accounts payable and accrued expenses	7,228,740.	17	4,895,413.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	7,228,740.	26	4,895,413.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	34,431,076.	27	50,430,991.
	28 Net assets with donor restrictions	82,664,507.	28	79,297,712.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	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	117,095,583.	32	129,728,703.
33 Total liabilities and net assets/fund balances	124,324,323.	33	134,624,116.	

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	64,441,260.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,333,055.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,108,205.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117,095,583.
5	Net unrealized gains (losses) on investments	5	3,753,014.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-6,683,034.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	454,935.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	129,728,703.

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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 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 Single Audit Act and OMB Circular A-133? _____
- 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		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization <p style="text-align: center;">IPAS</p>	Employer identification number <p style="text-align: center;">56-1071085</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,453,292.	88,882,463.	82,780,286.	37,740,862.	63,175,828.	314,032,731.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	41,453,292.	88,882,463.	82,780,286.	37,740,862.	63,175,828.	314,032,731.
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)						93,872,964.
6 Public support. Subtract line 5 from line 4.						220,159,767.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	41,453,292.	88,882,463.	82,780,286.	37,740,862.	63,175,828.	314,032,731.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	253,180.	312,413.	839,937.	675,489.	372,667.	2,453,686.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		22,821.	23,720.	59,469.	-2,056,969.	-1,950,959.
11 Total support. Add lines 7 through 10						314,535,458.
12 Gross receipts from related activities, etc. (see instructions)					12	27,102,265.

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 2020 (line 6, column (f), divided by line 11, column (f))	14	70.00 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	64.93 %

16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 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 in 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.		
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>	Yes	No
b Did the activities described in 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 or 990-EZ) 2020

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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule A Identification of Excess Contributions Included on Part II, Line 5

2020

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
DAVID & LUCILE PACHARD FOUNDATION	9,005,315.	2,714,606.
SUSAN THOMPSON BUFFET FOUNDATION	86,721,335.	80,430,626.
WILLIAM & FLORA HEWLETT FOUNDATION	10,310,000.	4,019,291.
WYSS FOUNDATION	12,999,150.	6,708,441.
Total Excess Contributions to Schedule A, Part II, Line 5		93,872,964.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

IPAS

Employer identification number

56-1071085

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization IPAS	Employer identification number 56-1071085
----------------------------------	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 30,659,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,502,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 4,815,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 4,021,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 2,953,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization IPAS	Employer identification number 56-1071085
----------------------------------	--

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	<hr/> <hr/> <hr/>	\$ 2,342,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 2,292,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,587,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,579,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization IPAS	Employer identification number 56-1071085
----------------------------------	--

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 IPAS	Employer identification number 56-1071085
----------------------------------	--

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 info. once.) ▶ \$ _____
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 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 <p style="text-align: center;">IPAS</p>	Employer identification number <p style="text-align: center;">56-1071085</p>
---	---

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.
- 2 Political campaign activity expenditures ▶ \$ 0.
- 3 Volunteer hours for political campaign activities 0.

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 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

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)	36,682.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	409,639.													
c	Total lobbying expenditures (add lines 1a and 1b)	446,321.													
d	Other exempt purpose expenditures	48,482,834.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	48,929,155.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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	124,642.	360,862.	399,180.	446,321.	1,331,005.
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		59,089.	36,553.	36,682.	132,324.

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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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 expenditure 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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization IPAS Employer identification number 56-1071085

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures, and a table for reporting revenue and assets.

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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				
c Leasehold improvements		432,903.	198,181.	234,722.
d Equipment		379,187.	342,411.	36,776.
e Other		58,369.	57,172.	1,197.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				272,695.

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. (Col. (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements		1	68,998,581.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 3,753,014.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 454,935.		
e	Add lines 2a through 2d		2e	4,207,949.
3	Subtract line 2e from line 1		3	64,790,632.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 69,259.		
b	Other (Describe in Part XIII.)	4b -418,631.		
c	Add lines 4a and 4b		4c	-349,372.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	64,441,260.

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

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

1	Total expenses and losses per audited financial statements		1	49,682,427.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 418,631.		
e	Add lines 2a through 2d		2e	418,631.
3	Subtract line 2e from line 1		3	49,263,796.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 69,259.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	69,259.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	49,333,055.

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.

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, IPAS AND SUBSIDIARIES HAVE

DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY GAIN 454,935.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS -418,631.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSETS 418,631.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization IPAS	Employer identification number 56-1071085
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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
EAST ASIA & THE PACIFIC	2	53	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	1,873,049.
NORTH AMERICA	1	37	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	2,045,385.
SOUTH AMERICA	1	17	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	2,000,144.
SOUTH ASIA	4	82	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	4,329,452.
SUB-SAHARAN AFRICA	15	198	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	16,188,737.
CENTRAL AMERICA AND THE CARRIBEAN	0	0	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	403,482.
CENTRAL AMERICA AND THE CARRIBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		336,896.
EAST ASIA & THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		154,730.
3 a Subtotal	23	387			27,331,875.
b Total from continuation sheets to Part I	0	0			4,485,734.
c Totals (add lines 3a and 3b)	23	387			31,817,609.

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

Schedule F (Form 990) 2020

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		97,228.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		75,772.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		471,914.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		3,090,355.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		742,589.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		7,876.
Totals					4,485,734.

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)
		CENTRAL AMERICA AND THE CARRIBEAN	INTERVENTION IS BASED ON THE EXERCISE OF SEXUAL AND REPRODUCTIVE RIGHTS	5,184.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	ASSURANCE OF CONTRACEPTIVE METHODS IN THE PUBLIC HEALTH SERVICES OF THE	10,000.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	CONTINUATION WITH INTERVENTION AIMED AT ADOLESCENTS AND YOUNG PEOPLE FROM THE	23,426.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	COVERING OTHER VULNERABLE GROUPS SUCH AS TEMPORARY COFFEE MIGRANTS AND	11,599.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	DEVELOP A LITIGATION STRATEGIC PLAN ON THE KM CASE TO INTRODUCES A COMMUNICATION	7,000.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	DEVELOP AN ADVOCACY PLAN FOR SOMOS MUCHAS, IN ORDER TO MOVE FORWARD IN	15,000.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	EMPOWERING DAUGHTERS OF MIGRANTS ON SRR, THROUGH TRAININGS ON SEXUAL HEALTH, MAC,	10,780.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	ENSURE ALL WOMEN ON REPRODUCTIVE AGE IN CERRO ALTO, CHIMALTENANGO HAVE	7,046.	WIRE	0.	N/A	N/A

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 **86**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARRIBEAN	ENSURE THAT THE KAQCHIKELE MAYAN WOMEN AND YOUTH ACKNOWLEDGE THEIR	5,007.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	EXTEND THE STRATEGY TO PREVENT GENDER VIOLENCE. AYUDA EN ACCIN MANAGES TO	19,887.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	GIVING INDIGENOUS WOMEN ACCESS TO INFORMATION ABOUT THEIR SRRS RELATED TO	8,000.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	GUARANTEE THAT ALL WOMEN IN THE CHOFT REGION HAVE ACCESS TO EMERGENCY	7,347.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	IMPROVE ACCESS OF HEALTH CARE FOR ADOLESCENTS AND YOUNG WOMEN GARFUNAS OF	9,999.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	INROADS IS A GLOBAL NETWORK OF ADVOCATES, SCHOLARS, HEALTH PROVIDERS, AND DONORS	47,835.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	INTERVENTION CONTRIBUTES TO THE GOALS OF OUR REGION IN THE DEFENSE OF	13,812.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	INTERVENTION PLAN SUPPORTS THE GOALS OF OUR PROJECTS, WHICH ARE PRIMARILY AIMED	9,995.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	INTERVENTION TO CONTINUE THE PROCESS OF STRENGTHENING ADOLESCENT'S	13,472.	WIRE	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARRIBEAN	PROMOTE EDUCATIONAL INTERVENTIONS TO INCREASE THE KNOWLEDGE OF	5,380.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	PROVIDE ADEQUATE CARE FOR WOMEN AND GIRLS WHO HAVE SUFFERED GENDER VIOLENCE. THEY	11,167.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	PROVIDE SUPPORT TO WOMEN IN AN ABORTION SITUATION, BEING ABLE TO SUPPORT TECHNICAL,	6,118.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	RESEARCH, DEVELOP, AND PRODUCE A WEBINAR ON RE-LOOKING AT LAWS THAT ARE	7,807.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	STRENGTHEN THE RESPONSE CAPACITY OF ADOLESCENT GIRLS AND WOMEN SURVIVORS OF	7,374.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	SUBGRANT TO AMNLAE TO STRENGTHEN KNOWLEDGE ABOUT SSR ON TEACHERS AND COMMUNITY	5,350.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	SUBGRANT TO MMCH TO DEVELOP WORKSHOPS ON DSDR TO STATE OFFICIALS, COMMUNITY	5,546.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	TARGETED GIRLS AND ADOLESCENTS FROM DIFFERENT EDUCATIONAL CENTERS IN FRANCISCO	8,166.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	THIS INTERVENTION MEETS OUR PROJECTS GOALS, THEREFORE IPAS CAM HAS CONSIDERED	6,092.	WIRE	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARRIBEAN	TRAINING OF ADOLESCENTS AND YOUNG LEADERS IN SSR AND CONTRACEPTIVE	5,450.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	WOMEN IN THE RURAL AREA OF THE MUNICIPALITY OF SAN ANTONIO SACATEPEQUEZ	6,660.	WIRE	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	DELIVER KEY FINDINGS OF THE LEGAL STUDY ON SAFE ABORTION AND ITS MEANING FOR THE	10,414.	WIRE	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	ENCOURAGE MARRIED WOMEN BEHAVIOR CHANGE (BUT NOT IN PREGNANT CONDITION) TO USE	41,401.	WIRE	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	ESTABLISHING STANDARD COMPETENCIES, AUTHORITY AND THE ROLE OF MIDWIVES IN	7,050.	WIRE	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	FAMILIARITY AMONG NON-GOVERNMENT ADVOCATES ON EVIDENCE AROUND SAFE CAC IN	9,507.	WIRE	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	THE OVERALL OBJECTIVE OF THIS PARTNERSHIP IS TO CONTRIBUTE TO THE ATTITUDE SHIFT	13,669.	WIRE	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	THERE ARE 5 TARGET GROUPS HAVE BEEN IDENTIFIED AS THE FOCUS FOR IPAS	16,285.	WIRE	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	TO ENCOURAGE BEHAVIOR, CHANGE OF SPECIFIC PRIORITIZED GROUPS: MARRIED WOMEN	25,796.	WIRE	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	TO ENCOURAGE CHANGES IN THE BEHAVIOR OF MARRIED WOMEN WHO ARE NOT PREGNANT TO USE	30,609.	WIRE	0.	N/A	N/A
		EUROPE	THE MAGNITUDE AND SEVERITY OF ABORTION-RELATED COMPLICATIONS AND	72,228.	WIRE	0.	N/A	N/A
		EUROPE	TO BUST ABORTION STIGMA BY SHIFTING THE NARRATIVE ABOUT ABORTION TOWARDS THE	25,000.	WIRE	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	DEVELOP AND PRODUCE A TOOLKIT SUMMARIZING THE PROCESS, TOOLS, RESULTS AND LESSONS	7,876.	WIRE	0.	N/A	N/A
		NORTH AMERICA	COLLABORATE WITH IPAS CAM FOR THE CARE OF REFERRED WOMEN WHO REQUIRE ABORTION	37,445.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	THIS PROJECT AIMS TO RESUME THE EXPERIENCES OF JOINT WORK BETWEEN IPAS,	76,886.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	CEDES INTERVENTION IS A CONTINUATION OF THE PROJECT INTERVENTION TO PROJECT "DEEPENING	69,379.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	EXPAND THE WORK CARRIED OUT BY THE FEMINIST ORGANIZATION SOCORRISTAS EN RED	45,883.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	INTERVENTION 2021 FROM LA REVUELTA IS AN NGO AND FOUNDING MEMBER OF THE	119,750.	WIRE	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROMOTE REPRODUCTIVE JUSTICE FOR WOMEN AND GIRLS THROUGH COUNSELING ACTIONS,	105,872.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	STRENGTHENING ACCESS AND IMPLEMENTATION OF LEGAL ABORTION IN CHILE.	54,145.	WIRE	0.	N/A	N/A
		SOUTH ASIA	ACCELERATING CONTRACEPTIVE UPTAKE THROUGH POST-PREGNANCY CARE	22,452.	WIRE	0.	N/A	N/A
		SOUTH ASIA	ADVOCACY OF SAS EDUCATION AND AWARENESS ACTIVITIES AT NATIONAL LEVEL	31,192.	WIRE	0.	N/A	N/A
		SOUTH ASIA	CLIENTS PERSPECTIVES ON COMPREHENSIVE POST ABORTION CARE (PAC) AND POST ABORTION	6,212.	WIRE	0.	N/A	N/A
		SOUTH ASIA	DFATD PROTECTING ACCESS TO SAFE ABORTION AND CONTRACEPTION DURING	76,900.	WIRE	0.	N/A	N/A
		SOUTH ASIA	ENHANCED HEALTH SYSTEMS	1,176,689.	WIRE	0.	N/A	N/A
		SOUTH ASIA	ENHANCING THE ABILITY OF WOMEN TO OBTAIN COMPREHENSIVE ABORTION CARE AND	841,460.	WIRE	0.	N/A	N/A
		SOUTH ASIA	IMPROVING ACCESS TO HIGH-QUALITY POST-ABORTION AND COMPREHENSIVE	31,263.	WIRE	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	INCREASED COMMUNITY ACCESS	7,520.	WIRE	0.	N/A	N/A
		SOUTH ASIA	KAP SURVEY	15,791.	WIRE	0.	N/A	N/A
		SOUTH ASIA	NDRI- SERVICE CONTRACT OF EFFECTIVENESS OF COMMUNITY	25,457.	WIRE	0.	N/A	N/A
		SOUTH ASIA	NORAD CORE SUPPORT FOR STRATEGY PAKISTAN	27,347.	WIRE	0.	N/A	N/A
		SOUTH ASIA	OPPORTUNITY FUNDS RAPID RESPONSE TEAM INCLUSION OF IDF STAFF/SERVICES.	14,998.	WIRE	0.	N/A	N/A
		SOUTH ASIA	POLICY DISCOURSES AT FEDERAL AND PROVINCIAL LEVEL AND SENSITIZATION ON SRHR	5,311.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL	87,873.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SAYANA PRESS RESEARCH	23,214.	WIRE	0.	N/A	N/A
		SOUTH ASIA	STRENGTHENING THE SUSTAINABLE ABORTION ECOSYSTEM, WOMENS AGENCY, AND ACCESS TO	20,940.	WIRE	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TO IMPROVE THE ABORTION ECOSYSTEM AND ADDRESS RESTORATION OF CAC	655,308.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT THE CBO TO FACILITATE INCREASING ACCESS TO SAFE ABORTION AND	5,363.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	1) INCREASED ENGAGEMENT OF KEY STAKEHOLDERS TO CREATE A MORE	6,248.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT IPAS MOZAMBIQUE TO IMPROVE THE KNOWLEDGE, CAPACITY,	40,166.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT IPAS MOZAMBIQUE TO IMPROVE THE KNOWLEDGE, CAPACITY,	37,780.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	CAN MIDLEVEL PROVIDERS MANAGE MEDICAL ABORTION IN THE SECOND TRIMESTER	77,412.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	FOR UNIVERSITY OF GHANA REGIONAL INSTITUTE FOR POPULATION STUDIES	194,724.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	GRANT TO AHIP TO CONDUCT A 5 DAY DOCUMENT DEVELOPMENT MEETING FOR 10	11,374.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INCREASED ENGAGEMENT OF KEY STAKEHOLDERS TO CREATE A MORE ENABLING ENVIRONMENT	6,290.	WIRE	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INCREASED ENGAGEMENT OF KEY STAKEHOLDERS TO CREATE A MORE ENABLING ENVIRONMENT	5,847.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INROADS IS A GLOBAL NETWORK OF ADVOCATES, SCHOLARS, HEALTH PROVIDERS, AND DONORS	47,835.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IPAS FRANCOPHONE AFRIQUE, THROUGH ITS NEW PROJECT "SA SANT, SES CHOIX" (HER	9,871.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	LAUNCHING OF THE MAKOKI YA MWASI PROJECT	17,613.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	REHABILITATION OF HEALTH CENTERS	49,950.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	REHABILITATION OF FACILITIES DURING COVID AND MAKING OF MASKS BY VULNERABLE	11,955.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SRH AND FAMILY PLANING AWARENESS CAMPAIGN THROUGH RADIO AND FOCUS	11,000.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUB GRANT TO CONDUCT ADVOCACY, COMMUNITY SENSITIZATION AND DIALOGUES, TOWN HALL	8,374.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUBCONTRACT AGREEMENT TO VILDEV TO CONDUCT INTERFACE MEETING WITH THE MEDIA,	6,206.	WIRE	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT THE CBO TO FACILITATE INCREASING ACCESS TO SAFE ABORTION AND	7,446.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO CONDUCT DISSEMINATION ACTIVITIES ON THE VIOLENCE AGAINST	10,567.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO CONDUCT DISSEMINATION ACTIVITIES ON THE VIOLENCE AGAINST	10,494.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO FACILITATE NORMALIZATION OF ABORTION CONVERSATIONS IN	6,290.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO MOBILIZE THE YOUTH TO SAFEGUARD SEXUAL AND REPRODUCTIVE HEALTH IN THE WAKE OF	5,063.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	UCD AND FIELD TESTING OF PROMISING INTERVENTIONS	26,163.	WIRE	0.	N/A	N/A

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.

PART I, LINE 2:

IPAS STANDARD OPERATING PROCEDURES INCLUDE PROCEDURES ON PROJECT MONITORING, REPORTING AND TRACKING OF GRANTS AWARDED. THE PROJECT MANAGERS IN COUNTRY OFFICES AND CORPORATE OFFICES REVIEW THE GRANT AGREEMENT FOR COMPLETENESS IN THE PROPER AGREEMENT TEMPLATE, ALONG WITH A SCOPE OF WORK, AND A CHECKLIST FOR FINANCIAL OVERSIGHT. AFTER DETERMINING THERE IS AN AUTHORIZED BUDGET, AMOUNTS ARE DISBURSED BASED ON THE TERMS OF THE AGREEMENT AND ARE PROPERLY RECORDED. THE PROJECT MANAGERS ARE RESPONSIBLE FOR ENSURING THAT THE RECIPIENT HAS COMPLIED WITH THE TERMS OF THE AGREEMENT AND OBTAINING THE PERFORMANCE REPORTS AND OTHER DELIVERABLES FROM THE RECIPIENT.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA & THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO TO INCREASE ACCESS TO ABORTION SERVICES IN THE REGION

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO TO INCREASE ACCESS TO ABORTION SERVICES IN THE REGION

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO TO INCREASE ACCESS TO ABORTION SERVICES IN THE REGION

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.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAINING HEALTH CARE WORKERS

TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO TO

INCREASE ACCESS TO ABORTION SERVICES IN THE REGION

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAINING HEALTH CARE WORKERS

TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO TO

INCREASE ACCESS TO ABORTION SERVICES IN THE REGION

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAINING HEALTH CARE WORKERS

TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO TO

INCREASE ACCESS TO ABORTION SERVICES IN THE REGION

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: INTERVENTION IS BASED ON THE EXERCISE OF SEXUAL

AND REPRODUCTIVE RIGHTS OF GIRLS, ADOLESCENTS, YOUNG PEOPLE AND WOMEN IN

GUATEMALA

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: ASSURANCE OF CONTRACEPTIVE METHODS IN THE PUBLIC

HEALTH SERVICES OF THE DEPARTMENT OF SAN MARCOS, IN GUATEMALA.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

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.

(D) PURPOSE OF GRANT: CONTINUATION WITH INTERVENTION AIMED AT

ADOLESCENTS AND YOUNG PEOPLE FROM THE COMMUNITIES OF GRANADA AND

MATAGALPA IN NICARAGUA TO DEVELOP LIFE SKILLS IN THE EXERCISE OF THEIR

RIGHTS AND TO HAVE ACCESS TO SRH SERVICES IN A SAFE AND FRIENDLY MANNER

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: COVERING OTHER VULNERABLE GROUPS SUCH AS TEMPORARY

COFFEE MIGRANTS AND EXPANDING CAPACITY BUILDING FOR ADOLESCENTS AND MEFS

TO OBTAIN SRH INFORMATION AND SERVICES.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: DEVELOP A LITIGATION STRATEGIC PLAN ON THE KM CASE

TO INTRODUCES A COMMUNICATION BEFORE THE CEDAW COMMITTEE, AND CREATE A

PRECEDENT TO ENSURE NON-REPETITION OF THE DENIAL OF THERAPEUTIC ABORTION

IN GUATEMALA. ALSO DEVELOPMENT OF A PLAN OF COMMUNICATIONS ACTIVITIES FOR

THE PUBLIC RELEASE OF THE KM CASE IN GUATEMALA TO GENERATE HIGH-IMPACT

LITIGATION AND PROMOTE SOCIAL TRANSFORMATION.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: DEVELOP AN ADVOCACY PLAN FOR SOMOS MUCHAS, IN

ORDER TO MOVE FORWARD IN DIFFERENT SECTORS TO ACHIEVE THE

DECRIMINALIZATION AND LEGAL ABORTION IN HONDURAS.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: EMPOWERING DAUGHTERS OF MIGRANTS ON SRR, THROUGH

TRAININGS ON SEXUAL HEALTH, MAC, STDS AND VIOLENCE. ALSO THIS PROJECT

INCLUDE THE ELABORATION OF AN ACTION PLAN TO IMPLEMENT IN THE COMMUNITY

Part V Supplemental Information

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

TO GUARANTEE THE ACCESS TO SEXUAL AND REPRODUCTIVE EDUCATION, THIS

PROCESS WILL ALSO BE CARRIED OUT WITH LOCAL LEADERS AND REPRESENTATIVES

IN ALLIANCE WITH LOCAL ORGANIZATIONS

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: ENSURE ALL WOMEN ON REPRODUCTIVE AGE IN CERRO

ALTO, CHIMALTENANGO HAVE ACCESS TO CONTRACEPTIVE METHODS, EMERGENCY

CONTRACEPTION PILL AND PRIMARY CARE POST-ABORTION BLEEDING FOR THE

PREVENTION OF MATERNAL MORTALITY, THROUGH THE INSTALLATION OF A CLINIC

THAT PROVIDES HEALTH SERVICES:SEXUAL AND REPRODUCTIVE, CONTRACEPTIVE

METHODS (MAC), EMERGENCY CONTRACEPTION PILL (PAE) AND POST-ABORTION

BLEEDING CARE, AS WELL AS INFORMATIVE RELYS WITH EDUCATIONAL CENTERS,

COMMUNITY THEATER AS A STRATEGY TO INFORM WOMEN AND YOUNG PEOPLE ABOUT

HEALTH ISSUES.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: ENSURE THAT THE KAQCHIKELE MAYAN WOMEN AND YOUTH

ACKNOWLEDGE THEIR SRR, CONTRIBUTING TO THEIR EMPOWERMENT AND THE

PREVENTION OF UNWANTED PREGNANCIES AND FORCED MARRIAGES.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: EXTEND THE STRATEGY TO PREVENT GENDER VIOLENCE.

AYUDA EN ACCIN MANAGES TO REACH RURAL COMMUNITIES WITH INNOVATIVE

ACTIONS, SUCH AS WORK WITH YOUNG PEOPLE ON MASCULINITY AND WOMEN'S

SELF-CARE TO PREVENT GENDER VIOLENCE, THROUGH PLAYFUL METHODOLOGIES, SUCH

AS THEATER, PUPPET SHOWS AND SPORTS.

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.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: GIVING INDIGENOUS WOMEN ACCESS TO INFORMATION

ABOUT THEIR SRRS RELATED TO THE PREVENTION OF SEXUAL VIOLENCE, IN

ADDITION TO FORMING A COMMITTEE TO MONITOR AND ADVISE AND ACCOMPANY CASES

OF SEXUAL VIOLENCE

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: GUARANTEE THAT ALL WOMEN IN THE CHOFT REGION HAVE

ACCESS TO EMERGENCY CONTRACEPTION AND MISOPROSTOL FOR THE PREVENTION OF

UNWANTED PREGNANCIES AND UNSAFE ABORTIONS

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: IMPROVE ACCESS OF HEALTH CARE FOR ADOLESCENTS AND

YOUNG WOMEN GARFUNAS OF CORTES IN HONDURAS. IMPROVE HEALTH SERVICES TO

ENSURE A PSYCHOLOGICAL, SEXUAL AND REPRODUCTIVE CARE INCLUDING POST

ABORTION.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: INROADS IS A GLOBAL NETWORK OF ADVOCATES,

SCHOLARS, HEALTH PROVIDERS, AND DONORS INTERESTED IN PROGRAM DESIGN,

RESEARCH, AND ADVOCACY TO ADDRESS ABORTION STIGMA AND ITS NEGATIVE

OUTCOMES.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: INTERVENTION CONTRIBUTES TO THE GOALS OF OUR

REGION IN THE DEFENSE OF SEXUAL AND REPRODUCTIVE RIGHTS OF GIRLS,

ADOLESCENTS, AND WOMEN; IT IS FOCUSED IN TRAININGS AND SENSITIZATION OF

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.

PROFESSIONALS AND STUDENTS OF PSYCHOLOGY FOR THE APPROACH AND EMOTIONAL

ACCOMPANIMENT OF WOMEN IN SITUATIONS OF PRE- AND POST-ABORTION,

CRIMINALIZED BY PARRICIDE, VICTIMS OF SEXUAL AND DOMESTIC AGGRESSION IN

THE CITY OF LA CEIBA, HONDURAS

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: INTERVENTION PLAN SUPPORTS THE GOALS OF OUR PROJECTS, WHICH ARE PRIMARILY AIMED AT "IMPROVING THE QUALITY OF CLINICAL CARE FOR VICTIMS OF VIOLENCE AND SEXUAL ABUSE" THROUGH CAPACITY BUILDING AND CREATING A SPACE SUITABLE TO PROVIDE COUNSELING SERVICES TO FAMILIES OF VICTIMS OF VIOLENCE AND SEXUAL ABUSE.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: INTERVENTION TO CONTINUE THE PROCESS OF STRENGTHENING ADOLESCENT'S KNOWLEDGE IN SEXUAL AND REPRODUCTIVE RIGHTS, PREVENTION OF VIOLENCE IN ADOLESCENCE AND SAFE CARE; AS WELL STRENGTHENING PROFAMILIA HEALTH PERSONNEL ON PREVENTION OF TEENAGE PREGNANCY AND SAFE CARE.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: PROMOTE EDUCATIONAL INTERVENTIONS TO INCREASE THE KNOWLEDGE OF AVAILABLE CONTRACEPTIVE METHODS TO PREVENT ADOLESCENT PREGNANCY IN THE COMMUNITY OF SISIN, NICARAGUA.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: PROVIDE ADEQUATE CARE FOR WOMEN AND GIRLS WHO HAVE SUFFERED GENDER VIOLENCE. THEY WILL ALSO BE PERFORMING COMMUNITY WORK AND

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.

ADVOCACY WITH LOCAL AUTHORITIES FOR THE PREPARATION OF A CARE PROTOCOL

WITH AUTHORITIES AND JOCOAITIQUE PERQUIN, A RURAL AREA IN EL SALVADOR.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: PROVIDE SUPPORT TO WOMEN IN AN ABORTION SITUATION,

BEING ABLE TO SUPPORT TECHNICAL, LEGAL AND EMOTIONAL ASPECTS.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: RESEARCH, DEVELOP, AND PRODUCE A WEBINAR ON

RE-LOOKING AT LAWS THAT ARE CRIMINALISING LAWS FOR YOUNG WOMEN,

INVESTIGATION PERSECUTION OF ABORTION IN THE DOMINICAN REPUBLIC

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: STRENGTHEN THE RESPONSE CAPACITY OF ADOLESCENT

GIRLS AND WOMEN SURVIVORS OF SEXUAL VIOLENCE (NAMVSVS) BY FORMING A

TECHNICAL TEAM AND COMMUNITY NETWORK SUPPORT IN THE DEFENSE OF DSDR / SSR

AND TO PROVIDE TO ACCOMPANIMENT TO NAMVSVS THROUGH SPECIALIZED TRAINING

IN DSDR / SSR AND DESIGN OF INSTRUMENTS AND METHODS FOR MONITORING AND

EVALUATING THE PROJECT PROCESSES AND THE DEVELOPMENT OF A PROTOCOL FOR

COMPREHENSIVE CARE TO NAMVSVS.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: SUBGRANT TO AMNLAE TO STRENGTHEN KNOWLEDGE ABOUT

SSR ON TEACHERS AND COMMUNITY ADVISORS IN 6 MUNICIPALITIES OF RIVAS

DEPARTMENT IN NICARAGUA

REGION: CENTRAL AMERICA AND THE CARRIBEAN

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.

(D) PURPOSE OF GRANT: SUBGRANT TO MMCH TO DEVELOP WORKSHOPS ON DSDR TO STATE OFFICIALS, COMMUNITY LEADERS, MOTHERS, FATHERS, AS WELL AS WITH GIRLS AND ADOLESCENTS; ON TEEN PREGNANCY PREVENTION.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: TARGETED GIRLS AND ADOLESCENTS FROM DIFFERENT EDUCATIONAL CENTERS IN FRANCISCO MORAZN, MUNICIPALITY OF THE CENTRAL DISTRICT IN HONDURAS, HAVE ACCESS TO INFORMATION, GUIDANCE AND COUNSELING AT ESI, INCLUDING SPECIFIC INFORMATION ON THE EMERGENCY CONTRACEPTIVE

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: THIS INTERVENTION MEETS OUR PROJECTS GOALS, THEREFORE IPAS CAM HAS CONSIDERED FECASOG EXPERIENCE IN THE FIELD OF RESEARCH, KNOWLEDGE OF THE LEGAL AND REPRODUCTIVE HEALTH CONTEXT IN LATIN AMERICAN, AND THE TECHNICAL PRESTIGE OF THE RESEARCH COMMITTEE OF THE CENTRAL AMERICAN FEDERATION OF SOCIETIES OF GYNECOLOGY AND OBSTETRICS IN THE SUB-REGION.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: TRAINING OF ADOLESCENTS AND YOUNG LEADERS IN SSR AND CONTRACEPTIVE METHODS, TO FACILITATE TRAINING PROCESSES TO OTHER ADOLESCENT PROMOTERS AND THEY WILL REPLICATE TO THEIR PEERS IN THEIR LOCALITIES. ALSO, THEY WILL STRENGTHEN KNOWLEDGE IN SSR OF HEALTH COUNSELORS AND COMMUNITY LEADERS FOR THE DEVELOP ON FAMILY PLANNING STRATEGIES.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

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.

(D) PURPOSE OF GRANT: WOMEN IN THE RURAL AREA OF THE MUNICIPALITY OF SAN

ANTONIO SACATEPEQUEZ INCREASE THEIR KNOWLEDGE OF MODERN CONTRACEPTIVE

METHODS

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DELIVER KEY FINDINGS OF THE LEGAL STUDY ON SAFE

ABORTION AND ITS MEANING FOR THE JUSTICE AND SAFETY OF WOMEN (E.G. RAPE

VICTIMS) AND THE FACILITIES, MEDIA, AND HEALTH SERVICES THAT HOST SAFE

ABORTION SERVICES;

STRENGTHEN THE NATIONAL ALLIANCE OF CRIMINAL CODE REFORM BY FACILITATING

DIALOGUE WITH NON-GOVERNMENTAL ACTORS WHO ARE ACTIVE IN THE ISSUE OF SAFE

ABORTION IN ACCORDANCE WITH INDONESIAN LAW.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: ENCOURAGE MARRIED WOMEN BEHAVIOR CHANGE (BUT NOT

IN PREGNANT CONDITION) TO USE THEIR CRITICAL THINKING WHEN THEY RECEIVE

INFORMATION ON PREGNANCY PLAN INCLUDING CONTRACEPTION, ESPECIALLY ABOUT

MAKING DECISION RELATE TO THEIR REPRODUCTIVE HEALTH;

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: ESTABLISHING STANDARD COMPETENCIES, AUTHORITY AND

THE ROLE OF MIDWIVES IN COMPREHENSIVE WOMEN-CENTRED POST ABORTION CARE

(PAC) AND SERVICES IN ACCORDANCE WITH INTERNATIONAL RECOMMENDATION;

ESTABLISHING WORK-RELATIONSHIP (PARTNERSHIP) AND REFERRAL SYSTEM IN

COMPREHENSIVE WOMEN-CENTRED POST ABORTION CARE (PAC) ON

INTER-PROFESSIONAL COLLABORATION (IPC) SCHEME WITH MEDICAL DOCTORS AND

SPECIALISTS OR OTHER RELATED HEALTH CARE PROVIDERS IN ACCORDANCE WITH

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.

NATIONAL AND INTERNATIONAL RECOMMENDATION; IMPROVING MIDWIVES CAPACITY

OF COMPREHENSIVE WOMEN-CENTRED CARE (PAC) AND SERVICES IN ACCORDANCE WITH

NATIONAL AND INTERNATIONAL RECOMMENDATION.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: FAMILIARITY AMONG NON-GOVERNMENT ADVOCATES ON

EVIDENCE AROUND SAFE CAC IN THE COUNTRY; FAMILIARITY AMONG NON-GOVERNMENT

ADVOCATES ON POTENTIAL ALLIES IN ADVOCATING THE REALISATION OF SAFE CAC

SERVICE AS STIPULATED IN LAW AND REGULATION; COMMON AND HARMONIOUS

MESSAGES TO COMMUNICATE THE URGENCY OF SAFE CAC PROVISION IN THE COUNTRY;

IMPROVEMENT OF COLLABORATION AMONG SAFE CACS ADVOCACY ACTORS

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: THE OVERALL OBJECTIVE OF THIS PARTNERSHIP IS TO

CONTRIBUTE TO THE ATTITUDE SHIFT AMONG GIRLS AND YOUNG WOMEN TOWARDS

POSITIVE VIEW ON REPRODUCTIVE HEALTH AND RIGHTS. WHILE PREGNANCY

PLANNING WILL BECOME THE CORE ISSUE, OTHER TOPICS WILL ALSO BE

HIGHLIGHTED PARTICULARLY: MENTAL HEALTH AND DIGITAL LITERACY. THIS

OBJECTIVE WILL BE ACHIEVED THROUGH THE IMPLEMENTATION OF TWO MAIN

STRATEGIES: 1) PROVIDING KNOWLEDGE AND SUPPORTING SKILL BUILDING AMONG

YOUNG PEOPLE, ESPECIALLY GIRLS, TO DELIVER SRHR INFORMATION TO THEIR

PEERS. 2) PROVIDING SUPPORT FOR YOUNG INFLUENCERS (IN APPROACH 1) TO

DEVELOP CURATED INFORMATION ON SRHR THAT ARE AGE APPROPRIATE AND MET WITH

THE NEED OF THE MAIN AUDIENCE WHICH ARE GIRLS AT THE AGE OF 15 19 YEARS

OLD.

REGION: EAST ASIA AND THE PACIFIC

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.

(D) PURPOSE OF GRANT: THERE ARE 5 TARGET GROUPS HAVE BEEN IDENTIFIED AS

THE FOCUS FOR IPAS PARTNER / SUB-GRANTS. TARGET GROUP FOR PREVENTION

PHASE ARE (1) MARRIED WOMEN BUT NOT YET PREGNANT AND (2) SUAMINYA, AND

(3) YOUNG WOMEN AND (4) PEERS. WHILE THE TARGET GROUP FOR TREATMENT PHASE

IS (5) THE CLOSEST PEOPLE AROUND WOMEN WHO EXPERIENCE ABORTION.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO ENCOURAGE BEHAVIOR, CHANGE OF SPECIFIC

PRIORITIZED GROUPS: MARRIED WOMEN TO BE ABLE TO USE THEIR CRITICAL

THINKING TO MAKES DECISION ON PREGNANCY PLAN AND CONTRACEPTIVE, AND

HUSBAND TO SUPPORT THEIR WIFES DECISION RELATE TO THEIR REPRODUCTIVE

HEALTH CONDITION; TO ENCOURAGE BEHAVIOR, CHANGE OF SPECIFIC PRIORITIZED

GROUP: UN-MARRIED YOUNG WOMEN BELOW 19 YEARS OLD TO BE ABLE TO USE THEIR

CRITICAL THINKING TO MAKES DECISION ON PREGNANCY PLAN AND CONTRACEPTIVES

INCLUDING WHEN THEY RECEIVE INFORMATION FROM INTERNET, AND THE CLOSEST

PEOPLE AROUND THEM (PEERS) TO SUPPORT YOUNG WOMEN DECISION RELATE TO

THEIR REPRODUCTIVE HEALTH CONDITION; TO ENCOURAGE BEHAVIOR, CHANGE OF

PEOPLE AROUND PREGNANT WOMEN (HUSBAND AND PARENTS) TO BE ABLE TO PROVIDE

EMPHATIC SUPPORT TO PREGNANT WOMEN WHO EXPERIENCE ABORTION TO ACCOMPANY

WOMEN TO WOMEN CENTERED POST ABORTION CARE SERVICES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO ENCOURAGE CHANGES IN THE BEHAVIOR OF MARRIED

WOMEN WHO ARE NOT PREGNANT TO USE THEIR CRITICAL AWARENESS WHEN RECEIVING

INFORMATION ABOUT PREGNANCY PLANNING INCLUDING CONTRACEPTION, ESPECIALLY

AROUND MAKING DECISIONS RELATED TO REPRODUCTIVE HEALTH; IN PARTICULAR BY

OPTIMIZING THE ROLE OF HEALTH CADRES WHO HAVE BEEN TRAINED IN KAUMAN AND

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.

BUNGKAL AREA AND BY WORKING WITH HEALTH OFFICERS; TO ENCOURAGE CHANGES IN

THE BEHAVIOR OF YOUNG WOMEN TO USE THEIR CRITICAL AWARENESS WHEN

RECEIVING INFORMATION ABOUT REPRODUCTIVE HEALTH, INCLUDING THROUGH THE

INTERNET; THROUGH AN APPROACH TO PEERS TO SUPPORT YOUNG WOMEN IN DEALING

WITH THEIR COUPLES' SITUATION. THE STRATEGY IS SPECIFIC TO OPTIMIZING

YOUTH CADRES WHO HAVE BEEN TRAINED AND BECOME CADRES OF POSYANDU REMAJA,

AND THROUGH SOCIAL MEDIA BY OPTIMIZING YOUTH CADRES WHO HAVE BEEN TRAINED

BY KAMPUNG HALAMAN; ENCOURAGE YOUNG PEERS TO SUPPORT YOUNG WOMEN IN

FACING THEIR CONDITIONS RELATED TO REPRODUCTIVE HEALTH

REGION: EUROPE

(D) PURPOSE OF GRANT: THE MAGNITUDE AND SEVERITY OF ABORTION-RELATED

COMPLICATIONS AND FACTORS ASSOCIATED WITH NEAR MISS EVENTS IN FOUR

AFRICAN HUMANITARIAN SETTINGS.

REGION: EUROPE

(D) PURPOSE OF GRANT: TO BUST ABORTION STIGMA BY SHIFTING THE NARRATIVE

ABOUT ABORTION TOWARDS THE PERSPECTIVE OF REPRODUCTIVE JUSTICE AND

EXPERIENCE OF THOSE WHO HAD ABORTION AND THOSE WHO SUPPORT THEM, BY

INCREASING VISIBILITY AND INCREASING THE GLOBAL SOLIDARITY AND

COLLABORATIONS WITH POLISH REPRODUCTIVE RIGHTS ORGANIZATIONS, WITH INROADS

MEMBERS AND WHW PARTNERS PROVIDING PEER TO PEER SUPPORT TO EACH OTHER.

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: DEVELOP AND PRODUCE A TOOLKIT SUMMARIZING THE

PROCESS, TOOLS, RESULTS AND LESSONS LEARNED FROM THIS EXPERIENCE OF USING

EBCD TO CREATE SOLUTIONS TO STIGMA WITH INROAD MEMBERS

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.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: COLLABORATE WITH IPAS CAM FOR THE CARE OF REFERRED

WOMEN WHO REQUIRE ABORTION SERVICES IN MEXICO

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: THIS PROJECT AIMS TO RESUME THE EXPERIENCES OF

JOINT WORK BETWEEN IPAS, CEDES AND REDAAS. TAKING AS A BASE AND STARTING

POINT, THE NEED TO INFLUENCE WHAT HAS BEEN PRODUCED SO FAR ON MAIN ACTORS

OF HEALTH POLICY AND ESPECIALLY CRITICAL COMMUNITIES; AND BE ABLE TO

THINKING OF WORKING MODELS (PROTOTYPE) IN JURISDICTIONS THAT ARE IN THE

PROCESS OF PROVIDING SERVICES AFTER 13 WEEKS

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: CEDES INTERVENTION IS A CONTINUATION OF THE

PROJECT INTERVENTION TO PROJECT "DEEPENING UNDERSTANDING AND ACTION IN

MATTERS OF CONSCIENTIOUS OBJECTION AND STRENGTHENING AND GUARANTEEING

ACCESS TO LEGAL ABORTION IN ARGENTINA". THIS STRATEGIC ALLIANCE BETWEEN

IPAS, CEDES AND REDDAS IN FY20, ALLOWED THE IMPLEMENTATION OF THE PROJECT

STRATEGY, WITH SATISFACTORY RESULTS AND A SUCCESSFUL EXPERIENCE; WHICH

ALLOWS US TO CONTINUE WITH THE PLAN AND DEEPEN THE GUARANTEE OF ACCESS TO

LEGAL AND SAFE ABORTION WITHIN THE FRAMEWORK OF CURRENT REGULATIONS IN

ARGENTINA

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: EXPAND THE WORK CARRIED OUT BY THE FEMINIST

ORGANIZATION SOCORRISTAS EN RED (SENRED), AS PART OF THE NATIONAL

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.

CAMPAIGN FOR THE RIGHT TO LEGAL, SAFE AND FREE ABORTION. SENRED'S MAIN

OBJECTIVE IS TO PROMOTE ACCESS TO SAFE MEDICAL ABORTIONS

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: INTERVENTION 2021 FROM LA REVUELTA IS AN NGO AND

FOUNDING MEMBER OF THE SOCORRISTAS EN RED, AN ALLIANCE OF ORGANIZATIONS

IN ARGENTINA THAT PROVIDES INFORMATION AND ACCOMPANIMENT FOR WOMEN

SEEKING SRHR CARE

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: PROMOTE REPRODUCTIVE JUSTICE FOR WOMEN AND GIRLS

THROUGH COUNSELING ACTIONS, TRAINING, MONITORING AND ADVOCACY WITH KEY

ACTORS AND INSTITUTION

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: ACCELERATING CONTRACEPTIVE UPTAKE THROUGH

POST-PREGNANCY CARE MODEL

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: CLIENTS PERSPECTIVES ON COMPREHENSIVE POST

ABORTION CARE (PAC) AND POST ABORTION FAMILY PLANNING (PAFP) AT PUBLIC

HEALTH FACILITIES IN PAKISTAN

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: DFATD PROTECTING ACCESS TO SAFE ABORTION AND

CONTRACEPTION DURING THE COVID-19 PANDEMIC

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.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: ENHANCING THE ABILITY OF WOMEN TO OBTAIN

COMPREHENSIVE ABORTION CARE AND PREVENT UNWANTED PREGANCY

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: IMPROVING ACCESS TO HIGH-QUALITY POST-ABORTION AND

COMPREHENSIVE CONTRACEPTIVE CARE FOR WOMEN & GIRLS.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: NDRI- SERVICE CONTRACT OF EFFECTIVENESS OF

COMMUNITY PARTICIPATION IN PROMOTING ACCOUNTABILITY IN HEALTH SERVICE

DELIVERY AND INCREASING ABORTION RELATED AWARENESS ATTITUDE AND BELIEFS

IN THE COMMUNITY

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: STRENGTHENING THE SUSTAINABLE ABORTION ECOSYSTEM,

WOMENS AGENCY, AND ACCESS TO AND USE OF HIGH QUALITY UTERINE

EVACUATION/POSTABORTION CARE IN PAKISTAN

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO IMPROVE THE ABORTION ECOSYSTEM AND ADDRESS

RESTORATION OF CAC SERVICES POST PANDEMIC

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT THE CBO TO FACILITATE INCREASING ACCESS TO

SAFE ABORTION AND CONTRACEPTION IN AFRICA FOR COMPLETION OF COMMUNITY

INTERVENTION IN KANO STATE.

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: 1) INCREASED ENGAGEMENT OF KEY STAKEHOLDERS TO
CREATE A MORE ENABLING ENVIRONMENT FOR WOMEN AND GIRLS TO ACCESS SAFE
ABORTION CARE LUBAGA AND CENTRAL DIVISION OF KCCA. 2) EXPAND COMMUNITY
NETWORKS AND MOBILIZATION TO STIMULATE A SOCIAL MOVEMENT TO MITIGATE
ABORTION STIGMA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT IPAS MOZAMBIQUE TO IMPROVE THE KNOWLEDGE,
CAPACITY, OPPORTUNITIES AND CHOICES OF WOMEN AND GIRLS IN MOZAMBIQUE FOR
SAFE, QUALITY CARE AND CONTRACEPTION THROUGH THE CONDUCT OF COMMUNITY
ENGAGEMENT ACTIVITIES IN NAMPULA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT IPAS MOZAMBIQUE TO IMPROVE THE KNOWLEDGE,
CAPACITY, OPPORTUNITIES AND CHOICES OF WOMEN AND GIRLS IN MOZAMBIQUE FOR
SAFE, QUALITY CARE AND CONTRACEPTION THROUGH THE CONDUCT OF COMMUNITY
ENGAGEMENT ACTIVITIES IN NAMPULA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CAN MIDLEVEL PROVIDERS MANAGE MEDICAL ABORTION IN
THE SECOND TRIMESTER AS SAFELY AND EFFECTIVELY AS PHYSICIANS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FOR UNIVERSITY OF GHANA REGIONAL INSTITUTE FOR
POPULATION STUDIES MOC STUDY OF CLINICAL OUTCOMES FOLLOWING CLINIC-BASED

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.

VERSUS SELF-USE OF MEDICAL ABORTION USING MIFEPRISTONE WITH MISOPROSTO

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: GRANT TO AHIP TO CONDUCT A 5 DAY DOCUMENT

DEVELOPMENT MEETING FOR 10 TECHNICAL COMMITTEE FOR THE VAPP BILL AND 10

COALITION MEMBERS TO WORK ON THE INFUSION OF PENAL CODE AND VAPP BILL IN

KANO STATE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASED ENGAGEMENT OF KEY STAKEHOLDERS TO CREATE

A MORE ENABLING ENVIRONMENT FOR WOMEN AND GIRLS TO ACCESS SAFE ABORTION

CARE IN NAKAWA & KAWEMPE DIVISIONS OF KAMPALA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASED ENGAGEMENT OF KEY STAKEHOLDERS TO CREATE

A MORE ENABLING ENVIRONMENT FOR WOMEN AND GIRLS TO ACCESS SAFE ABORTION

CARE IN TORORO BY 2021.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INROADS IS A GLOBAL NETWORK OF ADVOCATES,

SCHOLARS, HEALTH PROVIDERS, AND DONORS INTERESTED IN PROGRAM DESIGN,

RESEARCH, AND ADVOCACY TO ADDRESS ABORTION STIGMA AND ITS NEGATIVE

OUTCOMES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IPAS FRANCOPHONE AFRIQUE, THROUGH ITS NEW PROJECT

"SA SANT, SES CHOIX" (HER HEALTH, HER CHOICES), JOINS THIS LOGIC, WHICH

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.

AIMS TO CONDUCT CONSUMER-ORIENTED CAMPAIGNS, STRENGTHEN REFERRAL SYSTEMS

AND PRACTITIONERS' CAPACITIES, COMMUNICATE FOR BEHAVIOR CHANGE AND

ADVOCATE FOR SAFE ABORTION.AS PART OF THE IMPLEMENTATION OF COMPONENT 4

OF THE PROJECT IN CAMEROON, IPAS WILL SUBCONTRACT THE IMPLEMENTATION TO

WFAC.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: REHABILITATION OF FACILITIES DURING COVID AND

MAKING OF MASKS BY VULNERABLE GIRLS AND WOMEN FOR DISTRIBUTION TO

PATIENTS WHO WILL CONSULT THE SRH AND SCACF SERVICES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SRH AND FAMILY PLANING AWARENESS CAMPAIGN THROUGH

RADIO AND FOCUS GROUPS ON ISSUES RELATED TO ABORTION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUB GRANT TO CONDUCT ADVOCACY, COMMUNITY

SENSITIZATION AND DIALOGUES, TOWN HALL MEETINGS TARGETING COMMUNITY

STAKEHOLDERS AND INDIVIDUALS TOWARDS IMPROVING ACCESS TO SRHR SERVICES

INCLUDING SAFE ABORTION CARE FOR YOUNG GIRLS AND WOMEN IN KANO

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUBCONTRACT AGREEMENT TO VILDEV TO CONDUCT

INTERFACE MEETING WITH THE MEDIA, ENGAGE IN MEDIA ACTIVISM AND ENGAGE

JIGAWA STATE ASSEMBLY MEMBERS TOWARDS THE PASSAGE OF THE VAPP BILL IN

JIGAWA STATE

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT THE CBO TO FACILITATE INCREASING ACCESS TO SAFE ABORTION AND CONTRACEPTION IN AFRICA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO CONDUCT DISSEMINATION ACTIVITIES ON THE VIOLENCE AGAINST PERSONS PROHIBITION LAW FOR JIGAWA STATE FROM 25TH-31ST MARCH 2021

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO CONDUCT DISSEMINATION ACTIVITIES ON THE VIOLENCE AGAINST PERSONS PROHIBITION LAW FOR JIGAWA STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO FACILITATE NORMALIZATION OF ABORTION CONVERSATIONS IN COMMUNITIES THROUGH REDUCTION OF STIGMA AMONG WOMEN SEEKING SAFE ABORTION SERVICES IN BUSIA DISTRICT BY 2021

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO MOBILIZE THE YOUTH TO SAFEGUARD SEXUAL AND REPRODUCTIVE HEALTH IN THE WAKE OF COVID 19 IN MALAWI.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization IPAS Employer identification number 56-1071085

Part I General Information on Grants and Assistance

- 1** 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**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOLLER HEALTH JUSTICE INC. 704 GRANT STREET CHARLESTON, WV 25302	83-1203957	501(C)(3)	8,000.	0.	N/A	N/A	EMERGENCY FUNDS TO SUPPORT YOUR COMMUNICATION, CONNECTION, AND

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

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 noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: HOLLER HEALTH JUSTICE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY FUNDS TO SUPPORT YOUR COMMUNICATION, CONNECTION, AND STIGMA-BUSTING EFFORTS DURING THE GLOBAL COVID-19 PANDEMIC.

PART I, LINE 2

IPAS STANDARD OPERATING PROCEDURES (SOP'S) INCLUDE PROCEDURES ON PROJECT MONITORING, REPORTING AND TRACKING OF GRANTS AWARDED. THE

**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

2020

Open to Public Inspection

Name of the organization

IPAS

Employer identification number

56-1071085

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

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANURADHA KUMAR, PHD PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	318,908.	0.	0.	17,100.	17,685.	353,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA SIMUTAMI EVP & CHIEF OPERATING OFFICER	(i)	232,340.	0.	0.	14,671.	17,418.	264,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NATHALIE KAPP ASSOCIATE MEDICAL DIRECTOR	(i)	226,555.	0.	0.	13,646.	13,298.	253,499.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHRYN ANDERSEN EVP & CHIEF SCIENTIFIC & TECH OFF.	(i)	210,334.	0.	0.	13,016.	13,530.	236,880.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SAMUEL KIMBALL EVP & CHIEF FINANCIAL OFFICER	(i)	191,885.	0.	0.	11,637.	10,320.	213,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WILLIAM POWELL SENIOR MEDICAL SCIENTIST	(i)	178,040.	0.	0.	10,919.	12,672.	201,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MUADI MUKENGE EVP & CHIEF OF DEV & EXT RELATIONS	(i)	179,201.	0.	0.	10,810.	10,277.	200,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LAURIE PARKER SENIOR REGIONAL PROGRAM DIRECTOR	(i)	157,468.	0.	0.	9,966.	17,000.	184,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RASHA DABASH DIRECTOR, TECHNICAL EXCELLANCE	(i)	165,868.	0.	0.	1,558.	12,848.	180,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOHN BERAR CHIEF INFORMATION OFFICER THRU 7/20	(i)	113,525.	0.	36,943.	5,524.	6,695.	162,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:

JOHN BERAR RECEIVED A SEVERANCE PAYOUT OF \$36,943.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

IPAS

Employer identification number

56-1071085

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DECISIONS FREELY AND SAFELY. ON AVERAGE, 56 MILLION TIMES A YEAR, WOMEN

DECIDE THEY CANNOT CONTINUE THEIR PREGNANCIES AND SEEK ABORTIONS. AN

ESTIMATED 25 MILLION OF THOSE ABORTIONS ARE UNSAFE, RESULTING IN ABOUT

47,000 DEATHS EVERY YEAR. MORE THAN HALF A MILLION WOMEN HAVE DIED IN

THE LAST DECADE ALONE, AND MILLIONS MORE HAVE BEEN INJURED. IPAS WORKS

AROUND THE WORLD, MOSTLY IN AFRICA, ASIA, AND LATIN AMERICA, TO

COMPREHENSIVELY ADDRESS ALL THE FACTORS THAT IMPACT A PERSONS ABILITY

TO ACCESS ABORTION FROM INDIVIDUAL HEALTH KNOWLEDGE, TO SOCIAL AND

COMMUNITY SUPPORT, TO A TRAINED HEALTH WORKFORCE, TO POLITICAL

LEADERSHIP AND SUPPORTIVE LAWS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

IN FISCAL YEAR 2021, IPAS PROVIDED TECHNICAL SUPPORT, ACCOMPANIMENT,

AND INFORMATION TO GLOBAL, COUNTRY AND LOCAL PARTNERS THROUGH EVENTS

AND MEETINGS, A RANGE OR PRINT AND ELECTRONIC MEDIA, TRAININGS, AND

SOCIAL NETWORKS. THE COVID-19 PANDEMIC EXACERBATED GENDER, RACIAL, AND

ECONOMIC INEQUITIES IN HEALTH SYSTEMS THAT MAKE IT DIFFICULT FOR WOMEN,

PEOPLE OF COLOR, LGBTQ PEOPLE, AND OTHER MARGINALIZED GROUPS GET

ESSENTIAL HEALTH CARE AND SUPPORT, INCLUDING FOR ABORTION AND

CONTRACEPTION. IN FY 2021, IPAS TEAMS WORKED TO ENSURE THAT SUCH CARE

WAS ESSENTIAL AND ACCESSIBLE. IPAS'S EXPERIENCE IN HUMANITARIAN CRISES,

WHERE SAFE ABORTION AND CONTRACEPTIVE CARE ARE VIRTUALLY NON-EXISTENT

OR NEGLECTED, IPAS APPLIED VALUABLE LESSONS AND APPROACHES TO THIS

GLOBAL CRISIS.

Name of the organization IPAS	Employer identification number 56-1071085
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FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL SERVE PRIMARILY IN A CONSULTATIVE ROLE FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER TO ADDRESS ISSUES AND MATTERS WHICH ARISE BETWEEN REGULARLY SCHEDULED BOARD MEETINGS. THE CEO SHALL BE REVIEWED AND EVALUATED ANNUALLY ON HIS/HER PERFORMANCE AND THE CORPORATION'S PERFORMANCE BY THE EXECUTIVE COMMITTEE.

THE EXECUTIVE COMMITTEE SHALL NOT BE EMPOWERED UNDER ANY CIRCUMSTANCES TO:

- A. AUTHORIZE DISTRIBUTIONS;
- B. RECOMMEND TO MEMBERS OR APPROVE DISSOLUTION, MERGER OR THE SALE, PLEDGE, OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS;
- C. ELECT, APPOINT, OR REMOVE DIRECTORS OR FILL VACANCIES ON THE BOARD OF DIRECTORS OR ON ANY OF ITS COMMITTEES;
- D. ADOPT, AMEND, OR REPEAL THE ARTICLES OF INCORPORATION OR THE BYLAWS; OR
- E. TRANSACT ANY OTHER ACTIVITY WHICH THE BOARD OF DIRECTORS HAS PROHIBITED OR IS ILLEGAL.

AS THE BOARD'S FIRST ORDER OF BUSINESS ALL EXECUTIVE COMMITTEE ACTIONS SHALL BE REVIEWED AND VOTED UPON AT THE FIRST REGULAR OR SPECIAL BOARD MEETING IMMEDIATELY AFTER ACTION IS TAKEN BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE AUDIT COMMITTEE, FINANCE COMMITTEE, AND BOARD CHAIR. THE FULL BOARD RECEIVES A COPY OF THE 990 BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

Name of the organization IPAS	Employer identification number 56-1071085
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BANGLADESH, BOLIVIA, COTE D'IVOIRE, DEM. REP OF THE CONGO, ETHIOPIA,
 INDONESIA, KENYA, MALAWI, MEXICO, MOZAMBIQUE, MYANMAR, NEPAL, NIGERIA,
 PAKISTAN, SOUTH AFRICA, ZAMBIA

FORM 990, PART VI, SECTION B, LINE 12C:

ON A SEMI-ANNUAL BASIS, EACH MEMBER OF THE BOARD OF DIRECTORS AND SENIOR
 STAFF SIGNS A CONFLICT OF INTEREST STATEMENT, WHICH ARE KEPT IN THE
 EXECUTIVE OFFICE OF THE PRESIDENT. THE EXECUTIVE COMMITTEE ENSURES THAT
 EACH MEMBER IS IN COMPLIANCE WITH THE POLICY. IF ANY ACTION OF A DIRECTOR,
 OFFICER, KEY EMPLOYEE OR COMMITTEE MEMBER PRESENTS A REAL OR PERCEIVED
 CONFLICT OF INTEREST, THAT INDIVIDUAL DISCLOSES THE CONFLICT. IF THE BOARD
 DETERMINES THAT THE INDIVIDUAL HAS A CONFLICT OF INTEREST, THE INDIVIDUAL
 IS REMOVED FROM THE DECISION MAKING PROCESS.

FORM 990, PART VI, SECTION B, LINE 15:

IN A RESTRUCTURE UNDERTAKEN AT IPAS EFFECTIVE FY21, THE EXECUTIVE TEAM
 ELECTED TO FORFEIT AN AVERAGE OF 6% OF COMPENSATION PAID TO OFFICERS AND
 KEY EMPLOYEES. IPAS ENGAGED THE SERVICES OF AN ATTORNEY AND INDEPENDENT
 COMPENSATION CONSULTANT TO REVIEW THE LEGALITY OF THIS ACTION AND ENSURE
 THE RECOMMENDED FORFEITURES WOULD NOT COMPROMISE SALARY BENCHMARKS AS
 RECOMMENDED BY CURRENT MARKET DATA. THIS ACTION WAS REVIEWED AND ACCEPTED
 BY ALL BOARD MEMBERS IN JUNE 2020. THE CHIEF EXECUTIVE OFFICER'S
 COMPENSATION WAS DISCUSSED BY THE BOARD ON OCTOBER 7, 2020, WHO
 SUBSEQUENTLY MADE A MOTION TO RESTORE THE CHIEF EXECUTIVE OFFICER'S SALARY
 ALL OR IN PART. THE CHIEF EXECUTIVE OFFICER DECLINED THE RESTORATION OF
 SALARY IN COMPLIANCE WITH STATED IPAS FINANCIAL OBJECTIVES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Name of the organization IPAS	Employer identification number 56-1071085
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AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO

MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	5,260,711.
MANAGEMENT AND GENERAL EXPENSES	1,495,323.
FUNDRAISING EXPENSES	10,587.
TOTAL EXPENSES	6,766,621.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,766,621.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY GAIN	454,935.
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PART XII, LINE 2C

THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART XI, LINE 8

DURING THE YEAR ENDED JUNE 30, 2021, MANAGEMENT DETERMINED THAT NET ASSETS JUNE 30, 2020 WERE OVERSTATED DUE TO THE IMPROPER INCLUSION OF AN ENTITY IN THE CONSOLIDATED STATEMENTS. ADJUSTMENTS WERE MADE TO REMOVE THE ACTIVITY AND BEGINNING NET ASSETS FOR IPAS DEVELOPMENT

**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

2020

Open to Public Inspection

Name of the organization **IPAS** Employer identification number **56-1071085**

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
WOMENCARE GLOBAL, LLC - 27-0789953 PO BOX 9990 CHAPEL HILL, NC 27515	IDENTIFY AND FUND WORTHY INVESTMENTS IN REPRODUCTIVE HEALTH TECHNOLOGIES	NORTH CAROLINA	2.	7,742.	IPAS

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

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

Schedule R (Form 990) 2020

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	

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

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.

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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

