

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. IPAS	Taxpayer identification number (TIN) 56-1071085
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 9990	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHAPEL HILL, NC 27515	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

ANURADHA KUMAR, PHD

• The books are in the care of ▶ PO BOX 9990 - CHAPEL HILL, NC 27515

Telephone No. ▶ 919-967-7052

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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		D Employer identification number 56-1071085
	Doing business as		E Telephone number 919-967-7052
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code CHAPEL HILL, NC 27515		G Gross receipts \$ 66,560,473.
	F Name and address of principal officer: ANURADHA KUMAR SAME AS C ABOVE		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: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.IPAS.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1973 **M** State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORT WOMENS ACCESS TO SAFE ABORTION CARE AND ADVOCATE FOR REPRODUCTIVE RIGHTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	104
	6 Total number of volunteers (estimate if necessary)	6	17
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b 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	Current Year
	9 Program service revenue (Part VIII, line 2g)	63,175,828.	62,997,816.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,226,847.	2,467,324.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,519.	397,973.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-2,001,934.	299,698.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	64,441,260.	66,162,811.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,985,360.	5,645,784.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	23,652,597.	23,236,149.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 613,117.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,695,098.	22,771,795.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49,333,055.	51,653,728.
19 Revenue less expenses. Subtract line 18 from line 12	15,108,205.	14,509,083.	
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)	134,624,116.	140,923,971.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,895,413.	5,409,517.

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 <i>Dr. Anuradha Kumar</i>	Date 4/10/2023			
	Signature of officer	Date			
Paid Preparer Use Only	Print/Type preparer's name SARAH HINTZ	Preparer's signature SARAH HINTZ	Date 04/06/23	Check if self-employed <input type="checkbox"/>	PTIN P00492291
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. (303) 779-5710		
Firm's address ▶ 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111					

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 (CONTINUED ON SCH O)

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

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

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

4a (Code:) (Expenses \$ 25,933,463. including grants of \$ 3,424,893.) (Revenue \$ 1,496,749.) 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 \$ 9,478,388. including grants of \$ 1,252,938.) (Revenue \$ 547,560.) 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 \$ 7,322,491. including grants of \$ 967,953.) (Revenue \$ 423,015.) 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 42,734,342.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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 17 regarding employee counts, tax returns, business income, foreign accounts, 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
 ANURADHA KUMAR, PHD - 919-967-7052
 PO BOX 9990, CHAPEL HILL, NC 27515

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANURADHA KUMAR, PHD PRESIDENT & CHIEF EXECUTIVE OFFICER	37.50			X				333,393.	0.	43,985.
(2) LISA SIMUTAMI EVP & CHIEF OPERATING OFFICER	37.50			X				250,835.	0.	42,136.
(3) KATHRYN ANDERSEN EVP & CHIEF SCIENTIFIC & TECH OFF.	37.50			X				228,690.	0.	31,314.
(4) SAMUEL KIMBALL EVP & CHIEF FINANCIAL OFFICER	37.50			X				197,821.	0.	35,805.
(5) MUADI MUKENGE EVP & CHIEF FINANCIAL OFFICER	37.50			X				195,491.	0.	23,163.
(6) WILLIAM POWELL SENIOR MEDICAL SCIENTIST	37.50					X		190,229.	0.	23,318.
(7) LAURIE PARKER SENIOR PROGRAM DIRECTOR	37.50					X		169,268.	0.	31,662.
(8) GUILLERMO ORTIZ-AVENDANO SENIOR MEDICAL ADVISOR	37.50					X		167,263.	0.	32,903.
(9) RASHA DABASH DIRECTOR TECHNICAL EXCELLANCE	37.50					X		167,813.	0.	27,597.
(10) MARIA ANTONIETA ALCALDE CASTRO COUNTRY DIRECTOR, MEXICO	37.50					X		152,119.	0.	11,163.
(11) ISHITA CHAUDHRY DIRECTOR AND CHAIR	5.00	X		X				0.	0.	0.
(12) HANS LINDE DIRECTOR AND VICE CHAIR	5.00	X		X				0.	0.	0.
(13) TRISH DEVINE KARLIN, MBA DIRECTOR AND TREASURER	5.00	X		X				0.	0.	0.
(14) CARLOS PLAZAS, MA DIRECTOR AND SECRETARY	5.00	X		X				0.	0.	0.
(15) LILIAN ABRACINSKAS DIRECTOR	5.00	X						0.	0.	0.
(16) MANJUSHREE BADLANI, MA DIRECTOR	5.00	X						0.	0.	0.
(17) LAURIE CAMPBELL, MBA DIRECTOR	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LINDA DENICOLA, MBA DIRECTOR	5.00	X					0.	0.	0.	
(19) YIRGU GEBREHIWOT, MD, MSC DIRECTOR (THRU DEC 2021)	5.00	X					0.	0.	0.	
(20) HAYFORD MENSAH, CPA, MBA, MS DIRECTOR	5.00	X					0.	0.	0.	
(21) MONICA OGUTTU, PHD DIRECTOR	5.00	X					0.	0.	0.	
(22) PIPER ORTON, MBA DIRECTOR (THRU DEC 2021)	5.00	X					0.	0.	0.	
(23) MARIO MARTIN PECHENY, PHD DIRECTOR	5.00	X					0.	0.	0.	
(24) SANDEEP PRASAD, LLB DIRECTOR (THRU DEC 2021)	5.00	X					0.	0.	0.	
(25) RUBINA SOHAIL, MD DIRECTOR (THRU JUNE 2022)	5.00	X					0.	0.	0.	
(26) JOHN STANBACK, PHD DIRECTOR	5.00	X					0.	0.	0.	
1b Subtotal							2,052,922.	0.	303,046.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,052,922.	0.	303,046.	

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 28

	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	841,888.
EGROUP HOLDING COMPANY, 482 WANDO PARK BLVD., MOUNT PLEASANT, SC 29464	IT SERVICES AND SOFTWARE SUBSCRIPTIONS	221,041.
INVISORS, LLC 122 OLYMPUS WAY, JUPITER, FL 33477	IT ERP PROFESSIONAL FEES	190,238.
BIG DUCK STUDIO, INC. 123 7TH AVE, PO BOX 223, BROOKLYN, NY 11215	BRANDING COMPANY	105,000.
KNOWBRIST CORP DBA THREE LINK SOLUTIONS 409 MAJESTIC COURT, KELLER, TX 76248	WORKDAY SUPPORT	103,086.

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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	27,503,679.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	35,494,137.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 12,500,000.				
	h Total. Add lines 1a-1f			62,997,816.			
Program Service Revenue	2 a CONTRACT REVENUE	Business Code					
		621110	2,467,324.	2,467,324.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			2,467,324.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		679,635.			679,635.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		192,205.			192,205.	
	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	116,000.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	336,694.	60,968.			
	c Gain or (loss)	7c	-220,694.	-60,968.			
	d Net gain or (loss)			-281,662.		-281,662.	
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 OTHER INCOME	Business Code					
		900099	107,493.			107,493.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			107,493.				
12 Total revenue. See instructions			66,162,811.	2,467,324.	0.	697,671.	

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 ...				
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	5,645,784.	5,645,784.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,575,831.	368,180.	1,176,522.	31,129.
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	15,098,239.	12,031,029.	2,735,939.	331,271.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	582,315.	135,348.	435,383.	11,584.
9 Other employee benefits	5,099,779.	4,722,308.	261,369.	116,102.
10 Payroll taxes	879,985.	245,010.	634,975.	
11 Fees for services (nonemployees):				
a Management				
b Legal	204,060.	151,654.	52,406.	
c Accounting	314,954.	160,860.	150,605.	3,489.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	102,950.	102,950.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,142,057.	4,755,955.	1,349,285.	36,817.
12 Advertising and promotion	239,263.	239,263.		
13 Office expenses	1,776,821.	1,503,450.	237,450.	35,921.
14 Information technology	1,313,814.	1,111,595.	186,989.	15,230.
15 Royalties				
16 Occupancy	1,400,217.	1,000,995.	399,053.	169.
17 Travel	6,381,357.	6,322,579.	47,795.	10,983.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	104,664.	94,390.	3,600.	6,674.
20 Interest	5,897.	5,897.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,993.	24,553.	35,440.	
23 Insurance	437,684.	47,243.	390,441.	
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 VENUE COSTS	1,746,863.	1,745,568.	1,165.	130.
b MEDICAL SUPPLIES	1,254,438.	1,254,438.		
c FFE EXPENSES	696,353.	582,511.	113,842.	
d SITE STRENGTHENING	238,261.	238,261.		
e All other expenses	352,149.	244,521.	94,010.	13,618.
25 Total functional expenses. Add lines 1 through 24e	51,653,728.	42,734,342.	8,306,269.	613,117.
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	12,449,726.	1	9,189,711.
	2 Savings and temporary cash investments	43,921,215.	2	62,975,156.
	3 Pledges and grants receivable, net	58,457,456.	3	51,700,716.
	4 Accounts receivable, net	1,924,223.	4	1,754,853.
	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	838,695.	9	897,917.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 892,841.		
	b Less: accumulated depreciation	10b 636,451.	272,695.	10c 256,390.
	11 Investments - publicly traded securities	16,760,106.	11	14,149,228.
	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)	134,624,116.	16	140,923,971.	
Liabilities	17 Accounts payable and accrued expenses	4,895,413.	17	5,409,517.
	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	4,895,413.	26	5,409,517.
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	50,430,991.	27	51,323,127.
	28 Net assets with donor restrictions	79,297,712.	28	84,191,327.
	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	129,728,703.	32	135,514,454.
33 Total liabilities and net assets/fund balances	134,624,116.	33	140,923,971.	

Form 990 (2021)

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	66,162,811.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,653,728.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,509,083.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	129,728,703.
5	Net unrealized gains (losses) on investments	5	-2,954,140.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5,769,192.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	135,514,454.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization IPAS	Employer identification number 56-1071085
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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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88,882,463.	82,780,286.	37,740,862.	63,175,828.	62,997,816.	335,577,255.
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	88,882,463.	82,780,286.	37,740,862.	63,175,828.	62,997,816.	335,577,255.
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)						76,578,180.
6 Public support. Subtract line 5 from line 4.						258,999,075.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	88,882,463.	82,780,286.	37,740,862.	63,175,828.	62,997,816.	335,577,255.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	312,413.	839,937.	675,489.	372,667.	871,840.	3,072,346.
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.	107,493.	-1,843,466.
11 Total support. Add lines 7 through 10						336,806,135.
12 Gross receipts from related activities, etc. (see instructions)					12	23,022,649.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	76.90 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	70.00 %
16a 33 1/3% support test - 2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2021

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 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization IPAS	Employer identification number 56-1071085
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>14,073,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>12,500,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>8,757,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>4,560,046.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>4,134,920.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<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.)
8	<hr/> <hr/> <hr/>	\$ 1,414,866.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,390,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,300,000.	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.)
<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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	39,175 SHARES OF BERKSHIRE HATHAWAY _____ _____ _____	\$ 12,500,000.	06/30/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization IPAS	Employer identification number 56-1071085
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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.

Table with 2 columns: Name of organization (IPAS) and Employer identification number (56-1071085)

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

LHA

132041 11-03-21

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)	53,519.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	385,393.													
c	Total lobbying expenditures (add lines 1a and 1b)	438,912.													
d	Other exempt purpose expenditures	50,601,699.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	51,040,611.													
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	360,862.	399,180.	446,321.	438,912.	1,645,275.
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.	53,519.	185,843.

Schedule C (Form 990) 2021

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

2021

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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		430,644.	228,397.	202,247.
d Equipment		418,218.	364,075.	54,143.
e Other		43,979.	43,979.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				256,390.

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	57,336,529.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,954,140.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-5,769,192.
e	Add lines 2a through 2d	2e	-8,723,332.
3	Subtract line 2e from line 1	3	66,059,861.
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	102,950.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	102,950.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	66,162,811.

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	51,550,778.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	51,550,778.
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	102,950.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	102,950.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	51,653,728.

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, 2022 AND 2021, 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 LOSS -5,769,192.

**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

2021

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	45	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	1,812,275.
NORTH AMERICA	1	43	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	2,158,549.
SOUTH AMERICA	1	15	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	1,678,915.
SOUTH ASIA	4	86	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	4,141,204.
SUB-SAHARAN AFRICA	15	168	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	17,834,039.
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	740,941.
EUROPE	0	0	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS AND/OR POST ABORTION CARE. ALSO	164,229.
EAST ASIA & THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		45,064.
3 a Subtotal	23	357			28,575,216.
b Total from continuation sheets to Part I	0	0			5,356,550.
c Totals (add lines 3a and 3b)	23	357			33,931,766.

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

Schedule F (Form 990) 2021

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
CENTRAL AMERICA AND THE CARRIBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		650,571.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		188,538.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,943,874.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,573,567.
Totals					5,356,550.

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)
		SOUTH ASIA	STRENGTHENED HEALTH SYSTEM CAPACITY TO SUPPORT AND ENSURE HIGH-QUALITY,	63,272.	WIRE	0.	N/A	N/A
		SOUTH ASIA	STRENGTHENED THE SUSTAINABLE ABORTION ECOSYSTEM, WOMEN AGENCY AND ACCESS TO	12,367.	WIRE	0.	N/A	N/A
		SOUTH ASIA	IMPROVED AVAILABILITY AND ACCESSIBILITY TO QUALITY SRH SERVICES	79,071.	WIRE	0.	N/A	N/A
		SOUTH ASIA	IMPROVED AVAILABILITY AND ACCESSIBILITY TO QUALITY SRH SERVICES	75,589.	WIRE	0.	N/A	N/A
		SOUTH ASIA	IMPROVED AVAILABILITY AND ACCESSIBILITY TO QUALITY SRH SERVICES	64,447.	WIRE	0.	N/A	N/A
		SOUTH ASIA	IMPROVED AVAILABILITY AND ACCESSIBILITY TO QUALITY SRH SERVICES	41,658.	WIRE	0.	N/A	N/A
		SOUTH ASIA	EMERGENCY RESPONSE FOR AVAILABILITY AND ACCESSIBILITY OF QUALITY MR, PAC	200,015.	WIRE	0.	N/A	N/A
		SOUTH ASIA	STRENGTHENING MIDWIFERY PRE-SERVICE EDUCATION AND MIDWIFERY SERVICE FOR	30,916.	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 **141**

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)
		SOUTH ASIA	EMERGENCY RESPONSE FOR AVAILABILITY AND ACCESSIBILITY OF QUALITY MR, PAC	194,793.	WIRE	0.	N/A	N/A
		SOUTH ASIA	STRENGTHENING MIDWIFERY PRE-SERVICE EDUCATION AND MIDWIFERY SERVICE FOR	36,068.	WIRE	0.	N/A	N/A
		SOUTH ASIA	STRATEGIC INVESTMENT FOR SUSTAINABLE	177,093.	WIRE	0.	N/A	N/A
		SOUTH ASIA	ABORTION ECOSYSTEM IN BANGLADESH	159,687.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SEXUAL AND REPRODUCTIVE CARE FOR ROHINGYA REFUGEES IN BANGLADESH	64,797.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SEXUAL AND REPRODUCTIVE HEALTH PROGRAM FOR ROHINGYA REFUGEES IN	43,022.	WIRE	0.	N/A	N/A
		SOUTH ASIA	IMPROVING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN AND GIRLS IN FRAGILE	23,467.	WIRE	0.	N/A	N/A
		SOUTH ASIA	CAPACITY BUILDING OF HEALTH SERVICE PROVIDERS ON MR, PAC & FP, MATERNAL	13,517.	WIRE	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE FOR AVAILABILITY AND ACCESSIBILITY OF QUALITY MR, PAC	19,126.	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 EXPAND ACCESS TO QUALITY POST-ABORTION CARE IN MYANMAR	25,938.	WIRE	0.	N/A	N/A
		SOUTH ASIA	FAST ACCESS TO COMPREHENSIVE AND HIGH-QUALITY HEALTHCARE IS VERY	54,698.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SHELTER HOME AND SAFE HOUSE MANAGEMENT ALONG WITH LIFE SKILL SUPPORT TO GBV	10,033.	WIRE	0.	N/A	N/A
		SOUTH ASIA	KAP SURVEY	61,263.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL	259,675.	WIRE	0.	N/A	N/A
		SOUTH ASIA	PROVIDE PSYCHOSOCIAL SUPPORT IN 19 SELECTED MUNICIPALITIES IN	29,269.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SUPPORT AND CAPACITATE THE LOCAL GOVERNMENT AND COMMUNITY	55,253.	WIRE	0.	N/A	N/A
		SOUTH ASIA	ADVOCACY OF SAS EDUCATION AND AWARENESS ACTIVITIES AT NATIONAL LEVEL	59,456.	WIRE	0.	N/A	N/A
		SOUTH ASIA	LEAD THE LEGAL INCLUDING JUDICIAL COMPONENT AND PROVIDE TECHNICAL SUPPORT TO	30,927.	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	COMMUNITY INTERFACE DIALOGUES AND INFLUENCE LOCAL LEVEL GOVERNANCE AND	6,093.	WIRE	0.	N/A	N/A
		SOUTH ASIA	COMMUNITY INTERFACE DIALOGUES AND INFLUENCE LOCAL LEVEL GOVERNANCE AND	40,681.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL	61,834.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL	92,700.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SHELTER HOME AND SAFE HOUSE MANAGEMENT ALONG WITH LIFE SKILL SUPPORT TO GBV	14,856.	WIRE	0.	N/A	N/A
		SOUTH ASIA	PROVIDE TECHNICAL SUPPORT TO ALL THE PARTNERS ON ADVOCACY AND COMMUNICATION	7,669.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL	44,321.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL	73,057.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	EXPAND GIRLS' ACCESS TO SAFE ABORTION AND CONTRACEPTIVE CARE IN NAMPULA PROVINCE	73,058.	WIRE	0.	N/A	N/A

Schedule F (Form 990)

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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	EXPAND GIRLS' ACCESS TO SAFE ABORTION AND CONTRACEPTIVE CARE IN NAMPULA PROVINCE	40,000.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INCREASED AWARENESS OF HEALTH, SEXUAL AND REPRODUCTIVE RIGHTS IN ADOLESCENT GIRLS,	15,858.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	ADVANCING SRHR THROUGH AN INNOVATIVE, YOUTH-FOCUSED VIRTUAL	31,010.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT COMMUNITY-BASED INTERVENTION ON ABORTION STIGMA,	41,509.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SINCE ITS INCEPTION IN 1973, IPAS' GLOBAL EFFORTS HAVE IMPROVED WOMEN'S HEALTH,	6,085.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INCREASED COMMUNITY ACCESS	5,753.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INCREASED COMMUNITY ACCESS	41,274.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INCREASED COMMUNITY ACCESS	34,227.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO STRENGTHEN ACCESS TO HEALTH AND SOCIO-ECONOMIC RIGHTS AND SERVICES AMONG	25,671.	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	TO PROMOTE TRANSFORMATIVE CLIMATE ACTION BY ADDRESSING LINKAGES	5,758.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO REDUCE MATERNAL MORTALITY AND IMPROVE RURAL WOMEN'S LIVES BY REDUCING	6,392.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO REDUCE THE INCIDENCE OF UNSAFE ABORTIONS AND STIGMA RELATED TO ABORTION	90,611.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPLY OF SERVICES RELATED TO COORDINATION OF THE PAC S&G ROLL-OUT	99,857.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IMPLEMENTING PARTNERS AND THE MOH	30,000.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	STRENGTHEN AND SUPPORT POLICY ADVOCACY MECHANISMS THAT IMPROVE THE	20,000.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	ENGAGING COMMUNITY, BUILDING MOVEMENTS AND CREATING INNOVATIVE MECHANISMS	25,000.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT CSOS ON ACCOMPANIMENT TO GIRLS/WOMEN WITH SAFE OPTIONS IN THEIR	17,771.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	ONLINE CAMPAIGN AND DISSEMINATION OF NEW ARCHES CONTENT ON NURSE NISA BY YOUTH	15,000.	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	IMPROVING ACCESS TO SRHR AND CAC SERVICES IN KINSHASA	19,876.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IDENTIFICATION OF CHAMPIONS IN DSSR AND IN PARTICULAR ISSUES RELATED TO ABORTION	130,293.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	COMMUNITY AWARENESS ON THE MAPUTO PROTOCOL	111,680.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IMPROVE ACCESS TO SRHR INFORMATION & CAC SERVICES IN KINSHASA	20,000.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IMPROVE ACCESS TO SRHR INFORMATION & CAC SERVICES IN KINSHASA	36,040.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	RESILIENCE ACTIVITIES DURING THE EMERGENCY CONTEXT OF THE DISASTER OF THE	160,633.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	ENGAGING IN POSITIVE MASCULINITY IN THE PROMOTION OF ACTIVITIES AROUND	30,836.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	EVIDENCE IS DEVELOPED ON DRIVERS OF GBV AND IT'S RELATIONSHIP WITH UNSAFE ABORTION	24,443.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ASC ACTIVITIES IN OYO STATE	39,596.	WIRE	0.	N/A	N/A

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		SUB-SAHARAN AFRICA	FOR THE DISSEMINATION OF THE VAPP LAW ACROSS THE 20 LGAS IN OGUN STATE.	37,836.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT THE ASC ACTIVITIES IN OYO STATE.	37,143.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO CONDUCT ADVOCACY ACTIVITIES IN OYO STATE UNDER THE PAI PROJECT	27,422.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT THE ASC ACTIVITIES IN OWERRI, IMO STATE. SCALING UP SRHR KNOWLEDGE &	25,397.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO SUPPORT FOR VAPP DISSEMINATION IN BENUE STATE (EVA)	16,089.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO SUPPORT ON VAPP LAW DISSEMINATION IN ADAMAWA STATE	11,563.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO CONDUCT ADVOCACY AND PUSH FOR PASSAGE OF THE VAPP BILL IN BORNO STATE	11,300.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT THE ASC ACTIVITIES IN EDO STATE.	10,428.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ACTIVITIES UNDER THE ANON 2 PROJECT IN GOMBE STATE.	10,246.	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)								
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		SUB-SAHARAN AFRICA	TO PILOT THE IPAS LGBTIQ VCAT TOOL IN LAGOS	7,294.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ACTIVITIES UNDER THE ANON 2 PROJECT IN GOMBE STATE.	24,913.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ACTIVITIES UNDER THE ANON 2 PROJECT IN GOMBE STATE.	7,011.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO PILOT THE IPAS LGBTIQ VCAT TOOL IN LAGOS	6,001.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO CONDUCT DISSEMINATION ACTIVITIES ON THE VIOLENCE AGAINST	6,255.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ACTIVITIES UNDER THE ANON 2 PROJECT IN JIGAWA STATE.	6,006.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ACTIVITIES UNDER THE ANON 2 PROJECT IN JIGAWA STATE.	6,001.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ACTIVITIES UNDER THE ANON 2 PROJECT IN JIGAWA STATE.	5,775.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ACTIVITIES UNDER THE ANON 2 PROJECT IN JIGAWA STATE.	5,027.	WIRE	0.	N/A	N/A

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		NORTH AMERICA	GRANT FOR COMMUNITY DRAMA AND DIALOGUE MEETINGS	51,088.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	GRANT FOR COMMUNITY DRAMA AND DIALOGUE MEETINGS IN ABIA STATE	40,565.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	REDUCE INEQUALITY GAPS AND SUPPORT WOMEN ACROSS THE COUNTRY TO ACCESS	15,907.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	REDUCE INEQUALITY GAPS AND SUPPORT WOMEN ACROSS THE COUNTRY TO ACCESS	135,233.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	REDUCE INEQUALITY GAPS AND SUPPORT WOMEN ACROSS THE COUNTRY TO ACCESS	22,751.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	STRENGTHEN WOMEN'S ACCESS TO INFORMATION, SUPPORT AND SUPPLIES FOR A	117,254.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	STRENGTHEN WOMEN'S ACCESS TO INFORMATION, SUPPORT AND SUPPLIES FOR A	21,933.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	STRENGTHEN ITS CAPACITY TO REACH WOMEN DIRECTLY WITH INFORMATION ON THE	5,627.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	STRENGTHEN ITS CAPACITY TO REACH WOMEN DIRECTLY WITH INFORMATION ON THE	11,000.	WIRE	0.	N/A	N/A

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		CENTRAL AMERICA AND THE CARRIBEAN	CONTINUITY OF THE INTERVENTION ACTIVITIES OF THE PROJECT "DEEPENING	14,671.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	STRENGTHEN THE CAPACITIES AND IMPROVE THE CONDITIONS OF THE	11,592.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	PROMOTE ACCESS TO SAFE MEDICAL ABORTIONS. ACCOMPANY THE DEMANDS PROMOTE	13,353.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	INCREASING KNOWLEDGE OF MODERN CONTRACEPTIVE METHODS AND SEXUAL HEALTH FOR	25,475.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	STRENGTHENING THE CAPACITIES OF PERSONNEL IN 4 HEALTH ESTABLISHMENTS TO	24,404.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	WITH THIS INTERVENTION, A PROCESS OF STRENGTHENING THE	9,926.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	STRENGTHENING THE CAPACITIES OF ADOLESCENTS AND YOUNG PEOPLE TO EXERCISE	10,614.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	ADOLESCENT AND YOUNG MAYAN KAQCHIQUEL AND MESTIZO WOMEN GENERATE CRITICAL	19,464.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	ADOLESCENTS AND WOMEN WHO CONSULT MEDICAL AND PARAMEDICAL PERSONNEL FROM THE	6,754.	WIRE	0.	N/A	N/A

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		SOUTH AMERICA	WITH THIS INTERVENTION IT IS INTENDED TO CONTINUE WITH THE PROCESS OF	10,000.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	WITH THIS NEW GRANT, WE HOPE THAT ADOLESCENTS AND YOUNG PEOPLE WILL DEVELOP	25,259.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	CONTRIBUTE TO ADOLESCENTS HAVING THE POSSIBILITY TO MAKE DECISIONS	7,446.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	1. COMPREHENSIVE TRAINING OF ADOLESCENTS FOR THE EXERCISE OF A	12,618.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	RAISE AWARENESS IN SOCIETY IN GENERAL THROUGH SOCIAL NETWORKS, ABOUT THE	13,338.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	INTERVENTION FOCUSED ON PROVIDING QUALITY CARE TO USERS WHO ARE VICTIMS OF VIOLENCE	30,000.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	CDD-GDC INTERVENTION, IT IS EXPECTED TO DEVELOP ALLIANCES WITH COMMUNICATION	19,433.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	WITH THIS INTERVENTION, IT IS EXPECTED THAT 40 TEACHERS THAT MAKE UP	51,626.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	THIS GRANT IS INTENDED TO CONTRIBUTE TO IMPROVING ACCESS TO	14,825.	WIRE	0.	N/A	N/A

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		CENTRAL AMERICA AND THE CARRIBEAN	ADOLESCENT DAUGHTERS OF MIGRANTS AND THE WOMEN'S NETWORK OF THE MUNICIPALITY OF	9,605.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	INTERVENTION FOCUSED ON THE EMPOWERMENT OF WOMEN THROUGH THE EXERCISE OF SEXUAL	9,384.	WIRE	0.	N/A	N/A
		SOUTH ASIA	INCREASE THE NUMBER OF SEXUAL AND REPRODUCTIVE HEALTH AND ABORTION	800,335.	WIRE	0.	N/A	N/A
		SOUTH ASIA	CURUMIM RESEARCH PROJECT- PREGNANCY AND CHILDBIRTH	33,041.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	STUDY OF MAGNITUDE AND SEVERITY OF ABORTION RELATED NEAR MISS ABORTION TELATED	33,297.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	PER BMGF, IPAS NEEDS TO INCORPORATE THE PRIVATE SECTOR PERSPECTIVE INTO THE	112,632.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	WITH THIS NEW GRANT, INPRHU SOMOTO WILL IMPROVE THE KNOWLEDGE OF ADOLESCENTS IN	6,967.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	THIS INTERVENTION AIMS TO DEFINE THE ADMINISTRATIVE PROCESS WITHIN THE	6,000.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	WITH THE OBJECTIVE OF INCREASING ACCESS TO SUSTAINABLE, EQUITABLE AND	15,101.	WIRE	0.	N/A	N/A

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		SOUTH AMERICA	OPPORTUNITY FUNDS RAPID RESPONSE TEAM INCLUSION OF IDF STAFF/SERVICES.	46,102.	WIRE	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	CONTINUATION WITH THE INTERVENTION PROJECT PROMOTE REPRODUCTIVE JUSTICE FOR WOMEN AND	26,951.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	THE RESPONSE CAPACITY FOR ADOLESCENT GIRLS AND WOMEN VICTIMS SURVIVORS OF SEXUAL	14,808.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARRIBEAN	STRENGTHENING THE CAPACITIES OF 20 PROFESSIONALS (VOLUNTEERS, STAFF	5,976.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	CONSUMER- FOCUSED CAMPAIGNS	26,085.	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

REGION: EUROPE

(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: SOUTH ASIA

(D) PURPOSE OF GRANT: STRENGTHENED HEALTH SYSTEM CAPACITY TO SUPPORT AND

ENSURE HIGH-QUALITY, SUSTAINED UE/PAC AND CONTRACEPTIVE SERVICE PROVISION

TO WOMEN AND GIRLS AT ALL LEVELS OF PUBLIC HEALTH CARE SYSTEM

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: STRENGTHENED THE SUSTAINABLE ABORTION ECOSYSTEM,

WOMEN AGENCY AND ACCESS TO HIGH QUALITY UTERINE EVACUATION/POSTABORTION

IN PAKISTAN

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: EMERGENCY RESPONSE FOR AVAILABILITY AND

ACCESSIBILITY OF QUALITY MR, PAC SERVICES FOR ROHINGYA REFUGEES IN

BANGLADESH

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: STRENGTHENING MIDWIFERY PRE-SERVICE EDUCATION AND

MIDWIFERY SERVICE FOR MR, PAC AND CONTRACEPTIVE CARE

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: EMERGENCY RESPONSE FOR AVAILABILITY AND

ACCESSIBILITY OF QUALITY MR, PAC SERVICES FOR ROHINGYA REFUGEES IN

BANGLADESH

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: STRENGTHENING MIDWIFERY PRE-SERVICE EDUCATION AND

MIDWIFERY SERVICE FOR MR, PAC AND CONTRACEPTIVE CARE

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SEXUAL AND REPRODUCTIVE HEALTH PROGRAM FOR

ROHINGYA REFUGEES IN BANGLADESH

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: IMPROVING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN AND GIRLS IN FRAGILE AND CRISIS SETTINGS

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: CAPACITY BUILDING OF HEALTH SERVICE PROVIDERS ON MR, PAC & FP, MATERNAL HEALTH, NEWBORN HEALTH AND CHILD HEALTH

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: EMERGENCY RESPONSE FOR AVAILABILITY AND ACCESSIBILITY OF QUALITY MR, PAC SERVICES FOR ROHINGYA REFUGEES IN BANGLADESH

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: EMERGENCY RESPONSE FOR AVAILABILITY AND ACCESSIBILITY OF QUALITY MR, PAC SERVICES FOR ROHINGYA REFUGEES IN BANGLADESH

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: FAST ACCESS TO COMPREHENSIVE AND HIGH-QUALITY HEALTHCARE IS VERY CRUCIAL TO MINIMIZE THE ABOVE-MENTIONED IMPACTS OF SEXUAL VIOLENCE. SPECIFICALLY FOR VICTIMS OF RAPE, FAST COMPREHENSIVE HEALTHCARE IS ESSENTIAL TO PREVENT FURTHERMORE, HARMFUL IMPACTS. SUCH VICTIMS NEED TO HAVE ACCESS TO EMERGENCY CONTRACEPTIVES, SCREENING OF STD AND UNWANTED PREGNANCY. IN SOME CASES, THEY MAY NEED PSYCHOLOGICAL ASSESSMENT. IN REGARD TO THE ABOVEMENTIONED CONTEXT, WE HAVE IDENTIFIED THE NEED TO BRIDGE BETWEEN THE INTEREST OF THE SOCIETY (WOMEN AND GIRLS),

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.

ESPECIALLY RAPE VICTIMS/SURVIVORS, TO ACCESS COMPREHENSIVE HEALTH

INFORMATION AND SERVICES WITH EXISTING GOVERNMENT AND PRIVATE SERVICES.

IT IS CRUCIAL FOR WOMEN AND GIRLS TO HAVE THE AWARENESS ON SEXUAL

VIOLENCE, HOW TO PROTECT AND PREVENT, IDENTIFY, AND MOST IMPORTANTLY TO

KNOW HOW AND WHERE TO SEEK HELP.THIS PROJECT AIMS TO CONTRIBUTE TO THE

FULFILLMENT OF THOSE NEEDS.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SHELTER HOME AND SAFE HOUSE MANAGEMENT ALONG WITH

LIFE SKILL SUPPORT TO GBV SURVIVORS AND ADVOCATE WITH LOCAL GOVERNMENTS

TO INCREASE SUPPORT FOR GBV SURVIVORS AT LOCAL LEVEL

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PROVIDE PSYCHOSOCIAL SUPPORT IN 19 SELECTED

MUNICIPALITIES IN BAJHANG, BAITADI, BAJURA, ACHHAM AND KAILALI DISTRICTS

IN SUDURPASHCHHIM PROVINCE AND OKHALDHUNGA, UDAYAPUR AND MORANG DISTRICTS

OF PROVINCE 1 FOR THE GBV SURVIVORS ALONG WITH ADVOCATE WITH LOCAL

GOVERNMENTS TO INCREASE SUPPORT FOR GBV SURVIVORS AT LOCAL LEVEL

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SUPPORT AND CAPACITATE THE LOCAL GOVERNMENT AND

COMMUNITY STAKEHOLDERS ON INTEGRATING GENDER AND SRHR IN CLIMATE CHANGE

ADAPTATION POLICIES AND PLANS THROUGH AN INTERSECTIONAL APPROACH TO BUILD

CLIMATE RESILIENT COMMUNITIES.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: LEAD THE LEGAL INCLUDING JUDICIAL COMPONENT 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.

PROVIDE TECHNICAL SUPPORT TO THE PARTNERS OF GBVPR AT NATIONAL LEVEL

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: COMMUNITY INTERFACE DIALOGUES AND INFLUENCE LOCAL

LEVEL GOVERNANCE AND ACCOUNTABILITY FOR GBV PR ACTIVITIES AT LOCAL LEVEL.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: COMMUNITY INTERFACE DIALOGUES AND INFLUENCE LOCAL

LEVEL GOVERNANCE AND ACCOUNTABILITY FOR GBV PR ACTIVITIES AT LOCAL LEVEL.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: SHELTER HOME AND SAFE HOUSE MANAGEMENT ALONG WITH

LIFE SKILL SUPPORT TO GBV SURVIVORS AND ADVOCATE WITH LOCAL GOVERNMENTS

TO INCREASE SUPPORT FOR GBV SURVIVORS AT LOCAL LEVEL

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PROVIDE TECHNICAL SUPPORT TO ALL THE PARTNERS ON

ADVOCACY AND COMMUNICATION RELATED ACTIVITIES TO GBV PR PROJECT TEAM

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASED AWARENESS OF HEALTH, SEXUAL AND

REPRODUCTIVE RIGHTS IN ADOLESCENT GIRLS, YOUNG WOMEN, TRADITIONAL LEADERS

AND INFLUENTIAL PEOPLE TO REDUCE THE STIGMA AND DISCRIMINATION OF SAFE

ABORTION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVANCING SRHR THROUGH AN INNOVATIVE,

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.

YOUTH-FOCUSED VIRTUAL PLATFORM IN MALAWI

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BREAKING THE SILENCE: TOWARDS A SUSTAINABLE

ABORTION ECOSYSTEM AND A GENDER JUSTICE SOCIETY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT COMMUNITY-BASED INTERVENTION ON ABORTION

STIGMA, GENDER-BASED VIOLENCE, GENDER JUSTICE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO INCREASE KNOWLEDGE LEVELS ON THE LEGAL

FRAMEWORK AMONG PRIMARY HEALTH CARE PROVIDERS AND AGYW IN ORDER TO

ENHANCE ACCESS TO CONTRACEPTIVES AS WELL AS SAFE AND LEGAL ABORTION IN

CHIPATA AND LIVINGSTONE DISTRICTS OF ZAMBIA RESPECTIVELY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SINCE ITS INCEPTION IN 1973, IPAS' GLOBAL EFFORTS

HAVE IMPROVED WOMEN'S HEALTH, INCREASED ACCESS TO SAFE ABORTION, AND

PROTECTED WOMEN'S RIGHTS TO MAKE THEIR OWN REPRODUCTIVE HEALTH DECISIONS

WITH THE VISION THAT "EVERY WOMAN AND GIRL HAS THE RIGHT AND ABILITY TO

DETERMINE HER OWN SEXUALITY AND REPRODUCTIVE HEALTH. TO ACHIEVE THIS

VISION, IT IS NECESSARY NOT ONLY TO MOBILIZE RESOURCES TO ADDRESS THE

PROBLEMS THAT UNDERMINE THE SEXUAL AND REPRODUCTIVE HEALTH SECTOR BUT

ALSO TO INCREASE ITS REPRESENTATIVENESS IN ORDER TO BETTER GET THE

MESSAGE ACROSS. IPAS FRANCOPHONE AFRIQUE, THROUGH ITS NEW PROJECT "SA

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

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 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: TO STRENGTHEN ACCESS TO HEALTH AND SOCIO-ECONOMIC RIGHTS AND SERVICES AMONG LOITA MAASAI PASTORALISTS WOMEN IN NAROK COUNTY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO PROMOTE TRANSFORMATIVE CLIMATE ACTION BY ADDRESSING LINKAGES BETWEEN CLIMATE CHANGE AND SRHR AMONG PASTORALIST COMMUNITIES IN SAMBURU COUNTY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO REDUCE MATERNAL MORTALITY AND IMPROVE RURAL WOMEN'S LIVES BY REDUCING INCIDENCES OF UNSAFE ABORTIONS AND INCREASING CONTRACEPTION USE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO REDUCE THE INCIDENCE OF UNSAFE ABORTIONS AND STIGMA RELATED TO ABORTION IN THE COMMUNITY THROUGH GENDER TRANSFORMATIVE AND RIGHT-BASED COMMUNICATION AND TO CREATE AN ENABLING ENVIRONMENT FOR ADOLESCENTS AND YOUNG WOMEN TO ACCESS STIGMA-FREE AND QUALITY-ASSURED ABORTION SERVICES, THUS REDUCING THE INCIDENCE OF UNSAFE ABORTIONS IN LURAMBI SUB COUNTY.

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: PROTECT AND ADVANCE POST ABORTION ECOSYSTEM IN TANZANIA, SUPPORT SUSTAINABILITY OF THE POST ABORTION CARE IN TANAZANIA, STRENGTHENING HEALTH WORKFORCE AND HEALTH INFORMATION SYSTEM IN MBEYA AND RUVUMA REGIONS IN TANZANIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROTECT AND ADVANCE POST ABORTION CARE ECOSYSTEM IN TANZANIA, SUPPORT THE SUSTAINABILITY OF THE POST ABORTION CARE IN TANZANIA, STRENGTHENING HEALTH WORK FORCE AND HEALTH INFORMATION SYSTEM IN RUVUMA REGION IN TANZANIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHEN AND SUPPORT POLICY ADVOCACY MECHANISMS THAT IMPROVE THE ENABLING ENVIRONMENT FOR WOMEN AND GIRLS SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN BUSIA DISTRICT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHEN AND SUPPORT POLICY ADVOCACY MECHANISMS THAT IMPROVE THE ENABLING ENVIRONMENT FOR WOMEN AND GIRLS SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN TORORO DISTRICT.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENGAGING COMMUNITY, BUILDING MOVEMENTS AND CREATING INNOVATIVE MECHANISMS TO REDUCE ABORTION STIGMA AND EXPAND ACCESS TO SAFE ABORTION IN RUBAGA AND CENTRAL DIVISION OF KAMPALA CAPITAL

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.

CITY AUTHORITY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT CSOS ON ACCOMPANIMENT TO GIRLS/WOMEN WITH SAFE OPTIONS IN THEIR ABORTION CARE, INCLUDING REFERRAL TO FACILITY-BASED CARE AND ABORTION SELF-CARE OPTIONS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ONLINE CAMPAIGN AND DISSEMINATION OF NEW ARCHES CONTENT ON NURSE NISA BY YOUTH SPRINT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IDENTIFICATION OF CHAMPIONS IN DSSR AND IN PARTICULAR ISSUES RELATED TO ABORTION AND DOMESTICATION OF THE MAPUTO PROTOCOL

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: RESILIENCE ACTIVITIES DURING THE EMERGENCY CONTEXT OF THE DISASTER OF THE NYIRAGONGO VOLCANO IN GOMA AND ITS SURROUNDINGS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENGAGING IN POSITIVE MASCULINITY IN THE PROMOTION OF ACTIVITIES AROUND AWARENESS ON THE MAPUTO PROTOCOL.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPLEMENT THE ASC ACTIVITIES IN OWERRI, IMO STATE. SCALING UP SRHR KNOWLEDGE & AWARENESS AND ABORTION SELF CARE

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.

AMONG ADOLESCENT GIRLS AND YOUNG WOMEN.

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: 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: 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: SOUTH AMERICA

(D) PURPOSE OF GRANT: REDUCE INEQUALITY GAPS AND SUPPORT WOMEN ACROSS THE COUNTRY TO ACCESS LEGAL AND SAFE ABORTION IN THE FRAMEWORK OF THE LEGAL INTERRUPTION OF PREGNANCY PROGRAM IN MEXICO CITY, SUPPORTING THE LOGISTICS OF ATTENTION CREATED.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: REDUCE INEQUALITY GAPS AND SUPPORT WOMEN ACROSS THE COUNTRY TO ACCESS LEGAL AND SAFE ABORTION IN THE FRAMEWORK OF THE

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.

LEGAL INTERRUPTION OF PREGNANCY PROGRAM IN MEXICO CITY, SUPPORTING THE

LOGISTICS OF ATTENTION CREATED.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: REDUCE INEQUALITY GAPS AND SUPPORT WOMEN ACROSS

THE COUNTRY TO ACCESS LEGAL AND SAFE ABORTION IN THE FRAMEWORK OF THE

LEGAL INTERRUPTION OF PREGNANCY PROGRAM IN MEXICO CITY, SUPPORTING THE

LOGISTICS OF ATTENTION CREATED.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: STRENGTHEN WOMEN'S ACCESS TO INFORMATION, SUPPORT

AND SUPPLIES FOR A SAFE ABORTION, THROUGH OF THE COORDINATION WITH

SUPPORT NETWORKS IN LAC.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: STRENGTHEN WOMEN'S ACCESS TO INFORMATION, SUPPORT

AND SUPPLIES FOR A SAFE ABORTION, THROUGH OF THE COORDINATION WITH

SUPPORT NETWORKS IN LAC.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: STRENGTHEN ITS CAPACITY TO REACH WOMEN DIRECTLY

WITH INFORMATION ON THE SELF-USE OF MEDICAL ABORTION AND ALSO WORK ON

INNOVATIVE SCHEMES FOR ACCESSIBILITY TO MEDICINES IN TERMS OF QUALITY AND

COST. THESE ORGANIZATIONS ARE WORKING TO ENABLE WOMEN AND GIRLS TO ACCESS

MEDICAL ABORTION FREE FROM PERSECUTION AND STIGMA AS PART OF THEIR SRHR.

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: STRENGTHEN ITS CAPACITY TO REACH WOMEN DIRECTLY

WITH INFORMATION ON THE SELF-USE OF MEDICAL ABORTION AND ALSO WORK ON

INNOVATIVE SCHEMES FOR ACCESSIBILITY TO MEDICINES IN TERMS OF QUALITY AND

COST. THESE ORGANIZATIONS ARE WORKING TO ENABLE WOMEN AND GIRLS TO ACCESS

MEDICAL ABORTION FREE FROM PERSECUTION AND STIGMA AS PART OF THEIR SRHR.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: CONTINUITY OF THE INTERVENTION ACTIVITIES OF THE

PROJECT "DEEPENING UNDERSTANDING AND ACTION REGARDING CONSCIENTIOUS

OBJECTION AND STRENGTHENING AND GUARANTEEING ACCESS TO LEGAL ABORTION IN

ARGENTINA

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: STRENGTHEN THE CAPACITIES AND IMPROVE THE

CONDITIONS OF THE NETWORK OF MIDWIVES AND PROMOTERS IN SEXUAL AND

REPRODUCTIVE HEALTH IN THE USE OF MODERN CONTRACEPTIVE METHODS IN ORDER

TO CONTRIBUTE TO THE PREVENTION OF ADOLESCENT PREGNANCIES AND INCREASE

ACCESS TO SPECIALIZED, TIMELY, QUALITY AND FOCUSED CARE. OF RIGHTS

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: PROMOTE ACCESS TO SAFE MEDICAL ABORTIONS.

ACCOMPANY THE DEMANDS PROMOTE ACCESS TO SAFE MEDICAL ABORTIONS.

ACCOMPANIES THE REQUIREMENTS OF LEGAL INTERRUPTIONS OF PREGNANCIES (ILE)

IN FORCE IN ARGENTINA. IN THIS NEW PHASE WE PROPOSE FOUR LINES OF ACTION,

OF THE FOUR THE MOST IMPORTANT IS FOCUSED ON CONTINUING TO STRENGTHEN

EVERYTHING RELATED TO TELEPHONE SERVICE TO USERS WITHIN SENREDY, AND THAT

THIS STRENGTHENING TRANSLATES INTO QUALITY SERVICE, WHICH IS WHY WE HAVE

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.

TAKING INTO ACCOUNT THE CONTINGENCY PLANS TO MITIGATE THE COVID-19

PANDEMIC, AN INDETERMINATE PERIOD IN RELATION TO THE LONG-RANGE EFFECTS,

AND ANTICIPATING THAT IT IS POSSIBLE THAT WE WILL HAVE ENTRIES AND EXITS

FROM MANDATORY QUARANTINES FOR A LONG PERIOD

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: WITH THIS INTERVENTION IT IS HOPED TO DEVELOP

ADVOCACY ACTIONS, TRAINING ACTIVISTS AND SUPPORT FOR NETWORKS THAT

CONTRIBUTE TO IMPROVING ACCESS TO EMERGENCY CONTRACEPTION.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: INCREASING KNOWLEDGE OF MODERN CONTRACEPTIVE

METHODS AND SEXUAL HEALTH FOR 40 ORGANIZED WOMEN FROM THE RURAL AREA OF

THE MUNICIPALITY OF SAN ANTONIO, SACATEPEQUEZ, AND STRENGTHENING THE

HOLDERS OF DUTIES2 AT THE MUNICIPAL AND DEPARTMENTAL LEVEL OF SAN

ANTONIO, SAN MARCOS

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: STRENGTHENING THE CAPACITIES OF PERSONNEL IN 4

HEALTH ESTABLISHMENTS TO IMPROVE SEXUAL AND REPRODUCTIVE HEALTH CARE

SERVICES IN ORDER TO GUARANTEE TIMELY AND QUALITY CARE FOR WOMEN, GIRLS,

AND ADOLESCENTS IN THE INTERVENTION MUNICIPALITIES.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: WITH THIS INTERVENTION, A PROCESS OF STRENGTHENING

THE CAPACITIES OF HEALTH PERSONNEL WILL BE DEVELOPED, WHICH ENSURES CARE

IN DIGNIFIED AND QUALITY CONDITIONS FOR WOMEN WHO DECIDE TO HAVE A

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.

THERAPEUTIC INTERRUPTION OF PREGNANCY (ITE), ACCORDING TO WHAT IS
STIPULATED IN ARTICLE 121 OF THE PENAL CODE. COSTA RICAN, ITS RESPECTIVE
TECHNICAL STANDARD AND THE CARE PROTOCOL

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: STRENGTHENING THE CAPACITIES OF ADOLESCENTS AND
YOUNG PEOPLE TO EXERCISE THEIR SEXUAL AND REPRODUCTIVE RIGHTS (DSDR) AND
THE REDUCTION OF PREGNANCY AT AN EARLY AGE; AND WOMEN COUNSELORS OF
COMMUNITY DELIVERY OF CONTRACEPTIVE METHODS (ECMAC) AND WOMEN OF
CHILDBEARING AGE (MEF) DEVELOPING REFLECTIVE PROCESSES ON THEIR DSDR, MAC
AND PREVENTION OF GENDER VIOLENCE.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: ADOLESCENT AND YOUNG MAYAN KAQCHIQUEL AND MESTIZO
WOMEN GENERATE CRITICAL THINKING FOR THE GENERATION OF ACHIEVABLE LIFE
PROJECTS, FREE OF STEREOTYPES, MYTHS AND BELIEFS THAT NATURALIZE
VIOLENCE, SEXUAL VIOLENCE AND ALL FORMS OF OPPRESSION TOWARDS WOMEN.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: ADOLESCENTS AND WOMEN WHO CONSULT MEDICAL AND
PARAMEDICAL PERSONNEL FROM THE APROSER NETWORK AND YOUTH REFERENCE
NETWORK FOR INCOMPLETE ABORTIONS RECEIVE APPROPRIATE INFORMATION AND
ATTENTION, GUARANTEEING COMPREHENSIVE SERVICES BASED ON SEXUAL AND
REPRODUCTIVE RIGHTS BY TRAINED AND SENSITIZED MEDICAL PERSONNEL.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: WITH THIS INTERVENTION IT IS INTENDED TO CONTINUE

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.

WITH THE PROCESS OF UPDATING AND ACCOMPANIMENT TO THE NETWORK OF WOMEN

WHO PROVIDE ACCOMPANIMENT TO OTHER WOMEN IN A SITUATION OF ABORTION DUE

TO UNWANTED PREGNANCIES, AS WELL AS ADDRESSING ADVOCACY AND ADVOCACY

ACTIONS WITH THE POPULATION FOR THE POSITIONING OF THE SEXUAL AND

REPRODUCTIVE RIGHTS IN GUATEMALA AND GENERATE SCIENTIFIC EVIDENCE THAT

STRENGTHENS THE IMPORTANCE OF GUARANTEEING PAC SERVICES

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: WITH THIS NEW GRANT, WE HOPE THAT ADOLESCENTS AND

YOUNG PEOPLE WILL DEVELOP LIFE SKILLS IN THE EXERCISE OF THEIR RIGHTS AND

THAT THEY WILL HAVE ACCESS TO SRH SERVICES IN A SAFE AND FRIENDLY WAY. /

PROMOTE THE DEVELOPMENT OF SKILLS IN ADOLESCENTS AND YOUNG PEOPLE TO MAKE

INFORMED AND RESPONSIBLE DECISIONS FOR THEIR EMPOWERMENT IN THE EXERCISE

OF THEIR SEXUAL AND REPRODUCTIVE RIGHTS.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: CONTRIBUTE TO ADOLESCENTS HAVING THE POSSIBILITY

TO MAKE DECISIONS RELATED TO REPRODUCTION INDEPENDENTLY, IN ADDITION TO

HAVING THE NECESSARY INFORMATION ABOUT THEIR OPTIONS IN CASE OF UNPLANNED

PREGNANCIES.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: 1. COMPREHENSIVE TRAINING OF ADOLESCENTS FOR THE

EXERCISE OF A HEALTHY, SAFE SEXUALITY, WITHOUT GUILT, WITHIN A FRAMEWORK

OF RESPECT FOR THEIR OWN BODY FOR A RESPONSIBLE PRACTICE OF THEIR DUTIES

AND RIGHTS. 2.-FACILITATE THE DEVELOPMENT OF PERSONAL AND SOCIAL SKILLS

USEFUL FOR LIFE THROUGH THE BREAKING OF MYTHS AND STEREOTYPES ABOUT

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.

SEXUALITY AND ADOLESCENCE AS A STAGE OF LIFE.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: RAISE AWARENESS IN SOCIETY IN GENERAL THROUGH SOCIAL NETWORKS, ABOUT THE IMPORTANCE OF SEXUAL AND REPRODUCTIVE RIGHTS AND PROMOTE AN ENVIRONMENT THAT FAVORS ACCESS TO THEM, THROUGH CAPACITY BUILDING AND AWARENESS OF THESE ISSUES TO CONTENT CREATORS, INFLUENCERS AND ARTISTS TAKING INTO CONSIDERATION THAT THEY ARE A MEANS OF EXPRESSION AND COMMUNICATION WHICH ALLOWS AN APPROACH WITH THE TARGET PUBLIC.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: INTERVENTION FOCUSED ON PROVIDING QUALITY CARE TO USERS WHO ARE VICTIMS OF VIOLENCE AND SEXUAL ABUSE. WOMEN IN SITUATIONS OF VIOLENCE IN THE MUNICIPALITIES OF PERQUN AND JOCOAITIQUE EXERCISE THEIR RIGHT OF ACCESS TO JUSTICE

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: CDD-GDC INTERVENTION, IT IS EXPECTED TO DEVELOP ALLIANCES WITH COMMUNICATION ORGANIZATIONS AND LOCAL LEGAL ABORTION SERVICES. WITH SUCH PARTNERSHIPS, OUR GOAL IS TO BUILD PUBLIC SUPPORT FOR THE EXPANSION OF LEGAL ACCESS TO ABORTION IN BRAZIL, THROUGH MEDICAL ABORTION AND TELEMEDICINE SERVICES.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: WITH THIS INTERVENTION, IT IS EXPECTED THAT 40 TEACHERS THAT MAKE UP THE COLPROSUMAH CAN BE MADE AWARE OF HUMAN RIGHTS AND SEXUAL AND REPRODUCTIVE RIGHTS.

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: THIS GRANT IS INTENDED TO CONTRIBUTE TO IMPROVING

ACCESS TO CONTRACEPTIVE CARE FOR CENTRAL AMERICAN ADOLESCENTS AND WOMEN,

AS WELL AS UPDATED PROTOCOLS FOR ABORTION MANAGEMENT THROUGH THE

DEVELOPMENT OF TWO CLINICAL PRACTICE GUIDES.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: ADOLESCENT DAUGHTERS OF MIGRANTS AND THE WOMEN'S

NETWORK OF THE MUNICIPALITY OF GOASCORAN-VALLE, SENSITIZED AND EMPOWERED

ON THE ISSUE OF RIGHTS TO ACCESS THE COMPLAINT AND ACCOMPANIMENT TO AVOID

VICTIMS OF GENDER VIOLENCE AND HUMAN TRAFFICKING.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: INTERVENTION FOCUSED ON THE EMPOWERMENT OF WOMEN

THROUGH THE EXERCISE OF SEXUAL AND REPRODUCTIVE RIGHTS IN THE

MUNICIPALITY OF TACUBA, AHUACHAPN, EL SALVADOR.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: INCREASE THE NUMBER OF SEXUAL AND REPRODUCTIVE

HEALTH AND ABORTION SERVICES, AS WELL AS THE EXPANSION OF ACCESS TO

SERVICES FOR THE POPULATION THROUGH THEIR OFFER, AS WELL AS SUPPORT FOR

SUSTAINABILITY FOR A CERTAIN TIME AT HOME FUSA AC

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STUDY OF MAGNITUDE AND SEVERITY OF ABORTION

RELATED NEAR MISS ABORTION TELATED MORBIDITY IN FRAGILE SETTINGS

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 AMERICA

(D) PURPOSE OF GRANT: PER BMGF, IPAS NEEDS TO INCORPORATE THE PRIVATE

SECTOR PERSPECTIVE INTO THE INTERVENTIONS IN KENYA AND PAKISTAN FOR WOMEN

WHO SELF-MANAGE MA.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: WITH THIS NEW GRANT, INPRHU SOMOTO WILL IMPROVE

THE KNOWLEDGE OF ADOLESCENTS IN SEXUAL EDUCATION FOR THE PREVENTION OF

EARLY PREGNANCY IN 10 INDIGENOUS COMMUNITIES OF TOTOGALPA AND WILL

INCREASE THE REFERENCE FOR THE USE OF CONTRACEPTIVE METHODS IN

ADOLESCENTS WITH A PARTNER RELATIONSHIP IN THE SAME COMMUNITIES.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: THIS INTERVENTION AIMS TO DEFINE THE

ADMINISTRATIVE PROCESS WITHIN THE MINISTRY OF PUBLIC HEALTH AND SOCIAL

ASSISTANCE TO IMPLEMENT THE STRATEGY FOR THE USE OF MISOPROSTOL IN HOME

DELIVERY FOR THE PREVENTION OF MATERNAL DEATHS FROM HEMORRHAGES, IN THE

DEPARTMENT OF SAN MARCOS.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: WITH THE OBJECTIVE OF INCREASING ACCESS TO

SUSTAINABLE, EQUITABLE AND WOMAN-CENTERED COMPREHENSIVE ABORTION CARE, WE

BEGIN OUR APPROACH WITH THE INDIVIDUAL AND FOCUS ON UNDERSTANDING THE

COMPLEXITY OF THE ENVIRONMENT IN WHICH WOMEN MAKE ABORTION DECISIONS OR

AS WE CALL IT, THE ABORTION ECOSYSTEM. FOLLOWING A SYSTEM APPROACH, WE

THEN WORK WITH A RANGE OF STAKEHOLDERS TO FOCUS ON THE HEALTH SYSTEM 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.

THE POLICY AND ADVOCACY ARENA WITH THE OBJECTIVE OF CREATING HEALTH

SERVICES AND AN ENVIRONMENT THAT IS TRULY RESPONSIVE TO THE NEEDS OF THE

WOMAN.THE PURPOSE IS TO IMPROVE THE ABORTION ECOSYSTEM IN INDIA

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: CONTINUATION WITH THE INTERVENTION PROJECT PROMOTE

REPRODUCTIVE JUSTICE FOR WOMEN AND GIRLS THROUGH COUNSELING, TRAINING,

MONITORING AND ADVOCACY ACTIONS WITH KEY ACTORS AND INSTITUTIONS.

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: THE RESPONSE CAPACITY FOR ADOLESCENT GIRLS AND

WOMEN VICTIMS SURVIVORS OF SEXUAL VIOLENCE (NAMVSVS) IS EXPECTED TO BE

STRENGTHENED THROUGH THE TRAINING OF THE VISITACIN PADILLA TECHNICAL TEAM

AND THE COMMUNITY SUPPORT NETWORK IN DEFENSE OF SEXUAL AND REPRODUCTIVE

RIGHTS AND SEXUAL AND REPRODUCTIVE HEALTH

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: STRENGTHENING THE CAPACITIES OF 20 PROFESSIONALS

(VOLUNTEERS, STAFF AND COMPANIONS FROM THE ORGANIZATIONS) TO CARE FOR

VICTIMS OF VIOLENCE, DISSEMINATION OF THE RESULTS OF THE STUDY: WOMEN,

THE BODY AND COVID, AND VALIDATION OF THE CARE PROTOCOL FOR VICTIMS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

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

- a** Receive a severance payment or change-of-control payment?
- 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		
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) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANURADHA KUMAR, PHD PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	332,020.	1,373.	0.	17,400.	26,585.	377,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA SIMUTAMI EVP & CHIEF OPERATING OFFICER	(i)	228,085.	22,750.	0.	15,790.	26,346.	292,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHRYN ANDERSEN EVP & CHIEF SCIENTIFIC & TECH OFF.	(i)	211,190.	17,500.	0.	13,939.	17,375.	260,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SAMUEL KIMBALL EVP & CHIEF FINANCIAL OFFICER	(i)	184,696.	13,125.	0.	12,394.	23,411.	233,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MUADI MUKENGE EVP & CHIEF FINANCIAL OFFICER	(i)	189,366.	6,125.	0.	11,831.	11,332.	218,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WILLIAM POWELL SENIOR MEDICAL SCIENTIST	(i)	182,670.	7,559.	0.	11,504.	11,814.	213,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAURIE PARKER SENIOR PROGRAM DIRECTOR	(i)	163,818.	5,450.	0.	10,460.	21,202.	200,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GUILLERMO ORTIZ-AVENDANO SENIOR MEDICAL ADVISOR	(i)	164,899.	2,364.	0.	10,300.	22,603.	200,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RASHA DABASH DIRECTOR TECHNICAL EXCELLANCE	(i)	161,563.	6,250.	0.	10,469.	17,128.	195,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARIA ANTONIETA ALCALDE CASTRO COUNTRY DIRECTOR, MEXICO	(i)	150,533.	1,586.	0.	9,101.	2,062.	163,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	12,500,000.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

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

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS WAS USED IN PART I.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

IPAS

Employer identification number

56-1071085

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

SEXUAL AND REPRODUCTIVE HEALTH 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 VI, SECTION A, LINE 1A:

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;

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

Schedule O (Form 990) 2021

Name of the organization IPAS	Employer identification number 56-1071085
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D. ADOPT, AMEND, OR REPEAL THE ARTICLES OF INCORPORATION OR THE BYLAWS; OR

E. TRANACT 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:

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.

Name of the organization IPAS	Employer identification number 56-1071085
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FORM 990, PART VI, SECTION B, LINE 15:

IPAS ENGAGED THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW AND SUGGEST SALARY AND SALARY RANGES APPROPRIATE FOR THE CEO, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION BASED ON MARKET DATA AND SURVEY FINDINGS. THE PROCESS IS CONDUCTED ON A BIENNIAL BASIS AND WAS LAST COMPLETED IN 2022 FOR FY22. THE INDEPENDENT CONSULTANT UTILIZES BIRCHES DATA FOR COMPARABLE LEADERSHIP ROLES WITHIN SIMILARLY SIZED ORGANIZATIONS. THIS PROCESS WAS THEN DOCUMENTED IN A FORMAL REPORT AND REVIEWED THEN APPROVED BY ALL BOARD MEMBERS. THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE CEO AND IT IS DOCUMENTED IN THE BOARD MINUTES. THE MINUTES OF THE BOARD ARE THEN EMAILED TO THE HR DIRECTOR TO ACT UPON THE DECISIONS MADE BY THE BOARD. THE RECOMMENDATIONS FROM THE INDEPENDENT CONSULTANT ARE REVIEWED WITH THE CEO IN DETERMINING COMPENSATION FOR KEY OFFICERS.

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

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	4,755,955.
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MANAGEMENT AND GENERAL EXPENSES	1,349,285.
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Name of the organization IPAS	Employer identification number 56-1071085
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FUNDRAISING EXPENSES 36,817.

TOTAL EXPENSES 6,142,057.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 6,142,057.

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

FOREIGN CURRENCY LOSS -5,769,192.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

HAS NOT CHANGED FROM THE PRIOR YEAR.

**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

2021

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 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	1.	6,236.	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) 2021

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	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)				

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140**

beginning JUL 1, 2021, and ending JUN 30, 2022

Name of person filing this return IPAS	Filer's identifying number 56-1071085
---	--

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
 PO BOX 9990

City or town, state, and ZIP code
 CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IPAS BANGLADESH HOUSE #438 ROAD #30 DHAKA BANGLADESH	b(1) U.S. identifying number, if any b(2) Reference ID number (see instructions) IPAS885801
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization e Effective date as FDE
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted BANGLADESH
	h Principal business activity ABORTION CARE AND ADVOCACY
	i Functional currency BDT

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different ARABINDA BISWAS HOUSE #438 ROAD #30 DHAKA BANGLADESH
--	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	322,370,860.	3,871,325.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	322,370,860.	3,871,325.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)		
9	Other income		
10	Total income (add lines 3 through 9)	322,370,860.	3,871,325.
11	Total deductions (exclude income tax expense)	289,109,266.	3,471,889.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books	33,261,634.	399,436.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

		(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets			
1	Cash and other current assets	283,193.	551,568.
2	Other assets	27,373.	65,023.
3	Total assets	310,566.	616,591.
Liabilities and Owner's Equity			
4	Liabilities	113,446.	84,499.
5	Owner's equity	197,120.	532,092.
6	Total liabilities and owner's equity	310,566.	616,591.

Schedule G Other Information

	Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?	X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?	X
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?	
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	

Schedule G Other Information (continued)

		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>			
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
9	<i>Answer only if the tax owner of the FDE or FB is a CFC:</i> Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>			
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b	If "Yes," enter the amount of the dual consolidated loss \$		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit \$		
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year \$		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture \$		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	33,261,634.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	33,261,634.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	33,261,634.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	399,436.
8	Enter exchange rate used for line 7		83.271459

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return **IPAS** Filer's identifying number **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
 PO BOX 9990

City or town, state, and ZIP code
 CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB
 IPAS BOLIVIA
 CALLE 18 DE CALACOTO
 LA PAZ
 BOLIVIA

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions)
 IPAS885802

c For FDE, country(ies) under whose laws organized and entity type under local tax law

d Date(s) of organization

e Effective date as FDE

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

g Country in which principal business activity is conducted
 BOLIVIA

h Principal business activity
 ABORTION CARE AND ADVOCACY

i Functional currency
 BOB

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
 SHEILA CRUZ SALAZAR
 CALLE 18 DE CALACOTO
 LA PAZ
 BOLIVIA

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	11,763,299.	1,751,530.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	11,763,299.	1,751,530.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)		
9	Other income		
10	Total income (add lines 3 through 9)	11,763,299.	1,751,530.
11	Total deductions (exclude income tax expense)	11,884,421.	1,769,565.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books	-121,122.	-18,035.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

		(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets			
1	Cash and other current assets	93,088.	102,565.
2	Other assets	5,588.	5,621.
3	Total assets	98,676.	108,186.
Liabilities and Owner's Equity			
4	Liabilities	200,921.	228,817.
5	Owner's equity	-102,245.	-120,631.
6	Total liabilities and owner's equity	98,676.	108,186.

Schedule G Other Information

	Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?	X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?	X
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?	
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns for line numbers and amounts. Rows include: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
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Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return **IPAS** Filer's identifying number **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
PO BOX 9990

City or town, state, and ZIP code
CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IPAS DRC 1 AVENUE COTEAUX KINSHASA CONGO (KINSHASA)		b(1) U.S. identifying number, if any	
		b(2) Reference ID number (see instructions) IPAS885803	
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization	e Effective date as FDE	
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted CONGO, DEMO. REP. OF	h Principal business activity ABORTION CARE AND ADVOCACY	i Functional currency USD

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different HELENE BAMPENGESHA MPINDA 1 AVENUE COTEAUX KINSHASA CONGO (KINSHASA)
--	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)	
	c(1) U.S. identifying number, if any	
	c(2) Reference ID number (see instructions)	
	d Country under whose laws organized	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized	
	c U.S. identifying number, if any	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	2,992,165.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	2,992,165.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	2,992,165.
11 Total deductions (exclude income tax expense)	11	2,844,031.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	148,134.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.			
1 Remittances from the FDE or FB	1		
2 Section 987 gain (loss) recognized by recipient	2		
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3		
4 Were all remittances from the FDE or FB treated as made to the direct owner?			
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	311,360.	471,995.
2	Other assets	-53,000.	0.
3	Total assets	258,360.	471,995.
Liabilities and Owner's Equity			
4	Liabilities	245,069.	310,570.
5	Owner's equity	13,291.	161,425.
6	Total liabilities and owner's equity	258,360.	471,995.

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns for line numbers and amounts. Rows include: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return **IPAS** Filer's identifying number **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
PO BOX 9990

City or town, state, and ZIP code
CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB
IPAS ETHIOPIA
MICKEY LELAND ROAD
ADDIS ABABA
ETHIOPIA

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions)
IPAS885804

c For FDE, country(ies) under whose laws organized and entity type under local tax law

d Date(s) of organization

e Effective date as FDE

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

g Country in which principal business activity is conducted
ETHIOPIA

h Principal business activity
ABORTION CARE AND ADVOCACY

i Functional currency
ETB

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
AMBAYE HAGOS FESSEHA
MICKEY LELAND ROAD
ADDIS ABABA
ETHIOPIA

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	142,248,256.	2,932,994.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	142,248,256.	2,932,994.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)		
9	Other income		
10	Total income (add lines 3 through 9)	142,248,256.	2,932,994.
11	Total deductions (exclude income tax expense)	129,828,776.	2,676,919.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books	12,419,480.	256,075.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

		(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets			
1	Cash and other current assets	802,607.	951,846.
2	Other assets		
3	Total assets	802,607.	951,846.
Liabilities and Owner's Equity			
4	Liabilities	36,573.	69,277.
5	Owner's equity	766,034.	882,569.
6	Total liabilities and owner's equity	802,607.	951,846.

Schedule G Other Information

	Yes	No
1		X
2		X
3		
4		
5		

Schedule G Other Information (continued)

		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>			
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
9	<i>Answer only if the tax owner of the FDE or FB is a CFC:</i> Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>			
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b	If "Yes," enter the amount of the dual consolidated loss \$		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit \$		
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year \$		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture \$		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	12,419,480.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	12,419,480.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	12,419,480.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	256,075.
8	Enter exchange rate used for line 7		48.499334

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return **IPAS** Filer's identifying number **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
 PO BOX 9990

City or town, state, and ZIP code
 CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB
 IPAS INDONESIA
 MENARA BIDAKARA 2 BUILDING, 8TH FLO
 JAKARTA
 INDONESIA

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions)
 IPAS885805

c For FDE, country(ies) under whose laws organized and entity type under local tax law

d Date(s) of organization

e Effective date as FDE

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

g Country in which principal business activity is conducted
 INDONESIA

h Principal business activity
 ABORTION CARE AND ADVOCACY

i Functional currency
 IDR

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
 FITRIADI SAYUTI
 MENARA BIDAKARA 2 BUILDING, 8TH FLO
 JAKARTA
 INDONESIA

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1 11,309,768,891.	785,984.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3 11,309,768,891.	785,984.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10 11,309,768,891.	785,984.
11 Total deductions (exclude income tax expense)	11 11,297,303,561.	785,118.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14 12,465,330.	866.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1 25,123.	175,854.
2	Other assets	2 34,244.	30,542.
3	Total assets	3 59,367.	206,396.
Liabilities and Owner's Equity			
4	Liabilities	4 55,030.	201,358.
5	Owner's equity	5 4,337.	5,038.
6	Total liabilities and owner's equity	6 59,367.	206,396.

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

Schedule G Other Information (continued)

Table with columns Yes, No and rows 6 through 13a regarding FDE or FB qualified business units, base erosion payments, and dual consolidated losses.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns 1-8 and values for current earnings and profits, including net income of 12,465,330 and exchange rate of 14.389.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return **IPAS** Filer's identifying number **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
PO BOX 9990

City or town, state, and ZIP code
CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB
IPAS MALAWI
GROUND FLOOR, MPIKISANO HOUSE
LILONGWE
MALAWI

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions)
IPAS885806

c For FDE, country(ies) under whose laws organized and entity type under local tax law

d Date(s) of organization

e Effective date as FDE

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

g Country in which principal business activity is conducted
MALAWI

h Principal business activity
ABORTION CARE AND ADVOCACY

i Functional currency
MWK

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
BLESSING ZVINZANWI RUFETU
GROUND FLOOR, MPIKISANO HOUSE
LILONGWE
MALAWI

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	784,055,921.	957,101.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	784,055,921.	957,101.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)		
9	Other income		
10	Total income (add lines 3 through 9)	784,055,921.	957,101.
11	Total deductions (exclude income tax expense)	665,090,210.	811,879.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books	118,965,711.	145,222.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1	Cash and other current assets	79,581. 207,345.
2	Other assets	
3	Total assets	79,581. 207,345.
Liabilities and Owner's Equity		
4	Liabilities	43,922. 63,358.
5	Owner's equity	35,659. 143,987.
6	Total liabilities and owner's equity	79,581. 207,345.

Schedule G Other Information

	Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?	X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?	X
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?	
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 11d, 11e, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns for line numbers and amounts. Rows include: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ▶ Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return **IPAS** Filer's identifying number **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
 PO BOX 9990

City or town, state, and ZIP code
 CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IPAS MEXICO CONCEPCION BEISTEGUI # 106 MEXICO CITY MEXICO		b(1) U.S. identifying number, if any	
		b(2) Reference ID number (see instructions) IPAS885807	
c For FDE, country(ies) under whose laws organized and entity type under local tax law		d Date(s) of organization	e Effective date as FDE
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted MEXICO	h Principal business activity ABORTION CARE AND ADVOCACY	i Functional currency MXN

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different GUADALOUPE LOPEZ GOMEZ CONCEPCION BEISTEGUI # 106 MEXICO CITY MEXICO
--	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)	
	c(1) U.S. identifying number, if any	
	c(2) Reference ID number (see instructions)	
	d Country under whose laws organized	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized	
	c U.S. identifying number, if any	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	44,583,731.	2,193,547.
2 Cost of goods sold		
3 Gross profit (subtract line 2 from line 1)	44,583,731.	2,193,547.
4 Dividends		
5 Interest		
6 Gross rents, royalties, and license fees		
7 Gross income from performance of services		
8 Foreign currency gain (loss)	-659,217.	-32,434.
9 Other income		
10 Total income (add lines 3 through 9)	43,924,514.	2,161,113.
11 Total deductions (exclude income tax expense)	41,846,089.	2,058,853.
12 Income tax expense		
13 Other adjustments		
14 Net income (loss) per books	2,078,425.	102,260.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB		
2 Section 987 gain (loss) recognized by recipient		
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)		
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	93,787.	157,362.
2 Other assets	75,487.	1,049.
3 Total assets	169,274.	158,411.
Liabilities and Owner's Equity		
4 Liabilities	468,108.	419,303.
5 Owner's equity	-370,516.	-260,892.
6 Total liabilities and owner's equity	97,592.	158,411.

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

Schedule G Other Information (continued)

Table with columns Yes, No and rows 6 through 13a regarding FDE or FB qualified business units, base erosion payments, and dual consolidated losses.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns 1-8 and values for current year net income, total net additions, total net subtractions, current earnings and profits, DASTM gain, and exchange rate.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return IPAS	Filer's identifying number 56-1071085
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Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
 PO BOX 9990

City or town, state, and ZIP code
 CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IPAS MOZAMBIQUE AV. EDUARDO MONDLANE, NO. 502 MAPUTO MOZAMBIQUE	b(1) U.S. identifying number, if any b(2) Reference ID number (see instructions) IPAS885808		
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization	e Effective date as FDE	
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted MOZAMBIQUE	h Principal business activity ABORTION CARE AND ADVOCACY	i Functional currency MZN

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different DAVID SUMBURANE AV. EDUARDO MONDLANE, NO. 502 MAPUTO MOZAMBIQUE
--	---

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)		
	c(1) U.S. identifying number, if any		
	c(2) Reference ID number (see instructions)		
	<table border="1" style="width:100%"> <tr> <td style="width:50%">d Country under whose laws organized</td> <td style="width:50%">e Functional currency</td> </tr> </table>	d Country under whose laws organized	e Functional currency
d Country under whose laws organized	e Functional currency		

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized		
	<table border="1" style="width:100%"> <tr> <td style="width:50%">c U.S. identifying number, if any</td> <td style="width:50%">d Functional currency</td> </tr> </table>	c U.S. identifying number, if any	d Functional currency
c U.S. identifying number, if any	d Functional currency		

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	126,677,685.	2,005,582.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	126,677,685.	2,005,582.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)		
9	Other income		
10	Total income (add lines 3 through 9)	126,677,685.	2,005,582.
11	Total deductions (exclude income tax expense)	141,324,662.	2,237,476.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books	-14,646,977.	-231,893.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1	Cash and other current assets	96,130. 82,587.
2	Other assets	
3	Total assets	96,130. 82,587.
Liabilities and Owner's Equity		
4	Liabilities	142,776. 360,730.
5	Owner's equity	-46,646. -278,143.
6	Total liabilities and owner's equity	96,130. 82,587.

Schedule G Other Information

	Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?	X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?	X
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?	
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns for line numbers and amounts. Rows include: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return: **IPAS** Filer's identifying number: **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address):
PO BOX 9990

City or town, state, and ZIP code:
CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB:
IPAS MYANMAR
NUMBER 1, MYINT ZU LANE 2
YANGON
OTHER COUNTRY

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions):
IPAS885809

c For FDE, country(ies) under whose laws organized and entity type under local tax law

d Date(s) of organization

e Effective date as FDE

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

g Country in which principal business activity is conducted:
OTHER COUNTRY

h Principal business activity:
ABORTION CARE AND ADVOCACY

i Functional currency:
MMK

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different:
KHAING MAR KYAW
NUMBER 1, MYINT ZU LANE 2
YANGON
OTHER COUNTRY

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1 1,285,848,276.	729,801.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3 1,285,848,276.	729,801.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10 1,285,848,276.	729,801.
11 Total deductions (exclude income tax expense)	11 1,883,167,178.	1,068,817.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14 -597,318,902.	-339,016.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1 373,747.	103,948.
2	Other assets	2	
3	Total assets	3 373,747.	103,948.
Liabilities and Owner's Equity			
4	Liabilities	4 192,547.	268,468.
5	Owner's equity	5 181,200.	-164,520.
6	Total liabilities and owner's equity	6 373,747.	103,948.

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 11d, 11e, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns for line numbers and amounts. Rows include: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return **IPAS** Filer's identifying number **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
 PO BOX 9990

City or town, state, and ZIP code
 CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB
 IPAS NEPAL
 DO CHA MARG, WARD NO. 04
 KATHMANDU
 NEPAL

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions)
 IPAS885810

c For FDE, country(ies) under whose laws organized and entity type under local tax law

d Date(s) of organization

e Effective date as FDE

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

g Country in which principal business activity is conducted
 NEPAL

h Principal business activity
 ABORTION CARE AND ADVOCACY

i Functional currency
 NPR

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
 RAM SUNDAR KAYASTHA
 DO CHA MARG, WARD NO. 04
 KATHMANDU
 NEPAL

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	228,284,854.	1,918,228.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	228,284,854.	1,918,228.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)		
9	Other income		
10	Total income (add lines 3 through 9)	228,284,854.	1,918,228.
11	Total deductions (exclude income tax expense)	228,284,854.	1,918,228.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books		

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	111,872.	76,752.
2	Other assets	19.	0.
3	Total assets	111,891.	76,752.
Liabilities and Owner's Equity			
4	Liabilities	325,471.	277,374.
5	Owner's equity	-213,580.	-200,622.
6	Total liabilities and owner's equity	111,891.	76,752.

Schedule G Other Information

	Yes	No
1		X
2		X
3		
4		
5		

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns 1 through 7. Rows include: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

**Information Return of U.S. Persons With Respect to Foreign
 Disregarded Entities (FDEs) and Foreign Branches (FBs)**
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions)
 beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment
 Sequence No. **140**

Name of person filing this return IPAS	Filer's identifying number 56-1071085
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Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
 PO BOX 9990

City or town, state, and ZIP code
 CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IPAS NIGERIA 37 NELSON MANDELA STREET ABUJA NIGERIA	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions) IPAS885811
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization
	e Effective date as FDE
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted NIGERIA
	h Principal business activity ABORTION CARE AND ADVOCACY
	i Functional currency NGN

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different AWELE OKONJI 37 NELSON MANDELA STREET ABUJA NIGERIA
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3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized
	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any
	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1 1,104,269.	2,676.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3 1,104,269.	2,676.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8 113,864.	276.
9 Other income	9 4,848.	12.
10 Total income (add lines 3 through 9)	10 1,222,981.	2,964.
11 Total deductions (exclude income tax expense)	11 1,096,921.	2,658.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14 126,060.	305.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1 Cash and other current assets	1 146.	521.
2 Other assets	2 73.	53.
3 Total assets	3 219.	574.
Liabilities and Owner's Equity		
4 Liabilities	4 216.	268.
5 Owner's equity	5 3.	306.
6 Total liabilities and owner's equity	6 219.	574.

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

Schedule G Other Information (continued)

Table with columns Yes, No and rows 6 through 13a regarding FDE or FB qualified business units, base erosion payments, and dual consolidated losses.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns 1 through 8 and values for current year net income, total net additions, total net subtractions, current earnings and profits, DASTM gain, and exchange rate.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions)

OMB No. 1545-1910

Attachment Sequence No. **140**

beginning JUL 1, 2021, and ending JUN 30, 2022

Name of person filing this return IPAS	Filer's identifying number 56-1071085
---	--

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
 PO BOX 9990

City or town, state, and ZIP code
 CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IPAS FRANCOPHONE AFRICA LOT 238, RUE J 77 ABIDJAN COTE D'IVOIRE (IVORY COAST)	b(1) U.S. identifying number, if any b(2) Reference ID number (see instructions) IPAS885812
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization e Effective date as FDE
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted COTE D'IVOIRE (IVORY C
	h Principal business activity ABORTION CARE AND ADVOCACY
	i Functional currency XOF

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different GOURO BOCOUM LOT 238, RUE J 77 ABIDJAN COTE D'IVOIRE (IVORY COAST)
--	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1 1,504,185,679.	2,571,335.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3 1,504,185,679.	2,571,335.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10 1,504,185,679.	2,571,335.
11 Total deductions (exclude income tax expense)	11 1,115,934,206.	1,907,637.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14 388,251,473.	663,698.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1 Cash and other current assets	1 452,615.	1,028,773.
2 Other assets	2	
3 Total assets	3 452,615.	1,028,773.
Liabilities and Owner's Equity		
4 Liabilities	4 138,991.	124,515.
5 Owner's equity	5 313,624.	904,258.
6 Total liabilities and owner's equity	6 452,615.	1,028,773.

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

Schedule G Other Information (continued)

		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>			
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
9	<i>Answer only if the tax owner of the FDE or FB is a CFC:</i> Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>			
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b	If "Yes," enter the amount of the dual consolidated loss \$		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit \$		
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year \$		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture \$		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	388,251,473.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	388,251,473.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	388,251,473.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	663,698.
8	Enter exchange rate used for line 7		584.982477

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return **IPAS** Filer's identifying number **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
PO BOX 9990

City or town, state, and ZIP code
CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB
IPAS AFRICA ALLIANCE
1ST FLOOR, FAWE HOUSE CHANIA AVENUE
NAIROBI
KENYA

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions)
IPAS885813

c For FDE, country(ies) under whose laws organized and entity type under local tax law

d Date(s) of organization

e Effective date as FDE

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

g Country in which principal business activity is conducted
KENYA

h Principal business activity
ABORTION CARE AND ADVOCACY

i Functional currency
KES

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
EVELYN KEMUNTO ANYONA
1ST FLOOR, FAWE HOUSE CHANIA AVENUE
NAIROBI
KENYA

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	400,178,926.	3,575,199.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	400,178,926.	3,575,199.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)	2,446,500.	21,857.
9	Other income	3,020.	27.
10	Total income (add lines 3 through 9)	402,628,446.	3,597,083.
11	Total deductions (exclude income tax expense)	402,628,466.	3,597,083.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books		

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

		(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets			
1	Cash and other current assets	948,634.	893,436.
2	Other assets	16,394.	13,291.
3	Total assets	965,028.	906,727.
Liabilities and Owner's Equity			
4	Liabilities	965,028.	906,727.
5	Owner's equity		
6	Total liabilities and owner's equity	965,028.	906,727.

Schedule G Other Information

	Yes	No
1		X
2		X
3		
4		
5		

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with 8 rows and 2 columns. Rows include: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return **IPAS** Filer's identifying number **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
PO BOX 9990

City or town, state, and ZIP code
CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IPAS ZAMBIA PLOT 1210 LUSAKA ZAMBIA		b(1) U.S. identifying number, if any	
		b(2) Reference ID number (see instructions) IPAS885814	
c For FDE, country(ies) under whose laws organized and entity type under local tax law		d Date(s) of organization	e Effective date as FDE
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted ZAMBIA	h Principal business activity ABORTION CARE AND ADVOCACY	i Functional currency ZMW

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different BLESSING ZVINZANWI RUFETU PLOT 1210 LUSAKA ZAMBIA
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3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)	
	c(1) U.S. identifying number, if any	
	c(2) Reference ID number (see instructions)	
	d Country under whose laws organized	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized	
	c U.S. identifying number, if any	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	34,884,587.	1,972,401.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	34,884,587.	1,972,401.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)	-969,813.	-54,834.
9	Other income	5,326.	301.
10	Total income (add lines 3 through 9)	33,920,100.	1,917,868.
11	Total deductions (exclude income tax expense)	35,469,224.	2,005,457.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books	-1,549,124.	-87,589.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1	Cash and other current assets	175,221. 78,209.
2	Other assets	
3	Total assets	175,221. 78,209.
Liabilities and Owner's Equity		
4	Liabilities	120,321. 96,548.
5	Owner's equity	54,900. -18,339.
6	Total liabilities and owner's equity	175,221. 78,209.

Schedule G Other Information

	Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?	X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?	X
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?	
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns for line numbers and amounts. Rows include: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

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 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return IPAS	Filer's identifying number 56-1071085
---	--

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
 PO BOX 9990

City or town, state, and ZIP code
 CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IPAS SOUTH AFRICA WATERFALL CRESCENT SOUTH BUILDING JOHANNESBURG SOUTH AFRICA	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions) IPAS885815
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization
	e Effective date as FDE
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted SOUTH AFRICA
	h Principal business activity ABORTION CARE AND ADVOCACY
	i Functional currency

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different BLESSING ZVINZANWI RUFETU WATERFALL CRESCENT SOUTH BUILDING JOHANNESBURG SOUTH AFRICA
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3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized
	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any
	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	10,687,940.	702,378.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	10,687,940.	702,378.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)		
9	Other income		
10	Total income (add lines 3 through 9)	10,687,940.	702,378.
11	Total deductions (exclude income tax expense)	10,011,252.	657,909.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books	676,688.	44,470.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1	Cash and other current assets	29,769.
2	Other assets	37,551.
3	Total assets	29,769.
Liabilities and Owner's Equity		
4	Liabilities	66,560.
5	Owner's equity	-36,791.
6	Total liabilities and owner's equity	29,769.

Schedule G Other Information

	Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?	X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?	X
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?	
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No'. Rows include questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 11d, 11e, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns 1 through 8. Rows include: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form **8858**
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)
 ► Go to www.irs.gov/Form8858 for instructions and the latest information.
 Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning JUL 1, 2021, and ending JUN 30, 2022

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return: **IPAS** Filer's identifying number: **56-1071085**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address):
PO BOX 9990

City or town, state, and ZIP code:
CHAPEL HILL, NC 27515

Filer's tax year beginning JUL 1, 2021, and ending JUN 30, 2022

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB:
IPAS PAKISTAN
55-B JINNAH AVENUE
ISLAMABAD
PAKISTAN

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions):
IPAS885816

c For FDE, country(ies) under whose laws organized and entity type under local tax law

d Date(s) of organization

e Effective date as FDE

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number

g Country in which principal business activity is conducted:
PAKISTAN

h Principal business activity:
ABORTION CARE AND ADVOCACY

i Functional currency:
PKR

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different:
HUSAIN ALI
55-B JINNAH AVENUE
ISLAMABAD
PAKISTAN

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

		Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	478,545,224.	2,695,598.
2	Cost of goods sold		
3	Gross profit (subtract line 2 from line 1)	478,545,224.	2,695,598.
4	Dividends		
5	Interest		
6	Gross rents, royalties, and license fees		
7	Gross income from performance of services		
8	Foreign currency gain (loss)	128,699,753.	724,953.
9	Other income	3,118,464.	17,566.
10	Total income (add lines 3 through 9)	610,363,441.	3,438,117.
11	Total deductions (exclude income tax expense)	159,187,239.	896,686.
12	Income tax expense		
13	Other adjustments		
14	Net income (loss) per books	451,176,202.	2,541,431.

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1	Remittances from the FDE or FB	
2	Section 987 gain (loss) recognized by recipient	
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	
		Yes No
4	Were all remittances from the FDE or FB treated as made to the direct owner?	
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1	Cash and other current assets	9,759.
2	Other assets	4,017.
3	Total assets	9,759.
Liabilities and Owner's Equity		
4	Liabilities	2,696,718.
5	Owner's equity	149,393.
6	Total liabilities and owner's equity	-145,376.
		4,017.

Schedule G Other Information

	Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?	X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?	X
3	Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?	
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	

Schedule G Other Information (continued)

Table with columns Yes, No and rows 6 through 13a regarding FDE or FB qualified business units, base erosion payments, and dual consolidated losses.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with columns 1-8 and values for current year net income, total net additions, total net subtractions, current earnings and profits, DASTM gain, and exchange rate.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

SCHEDULE M
(Form 8858)
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS BANGLADESH	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885801
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **BANGLADESH, TAKA**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
(Form 8858)
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

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Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS BOLIVIA	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885802
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **BOLIVIA, BOLIVIANO**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
(Form 8858)
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS DRC	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885803
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **UNITED STATES, DOLLAR**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
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7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
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19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
(Form 8858)
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

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Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS ETHIOPIA	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885804
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **ETHIOPIA, BIRR**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
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21 Amounts loaned (see instructions)					

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Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

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Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS INDONESIA	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885805
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **INDONESIA, RUPIAH**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
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21 Amounts loaned (see instructions)					

SCHEDULE M
(Form 8858)
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

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Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS MALAWI	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885806
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **MALAWI, KWACHA**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
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7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
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 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS MEXICO	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885807
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **MEXICO, PESO**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
(Form 8858)
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS MOZAMBIQUE	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885808
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **MOZAMBIQUE, METICAL**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
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 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

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Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS MYANMAR	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885809
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **MYANMAR, KYAT**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
(Form 8858)
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

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Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS NEPAL	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885810
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **NEPAL, RUPEE**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
(Form 8858)
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 <p style="text-align: center;">IPAS</p>	Identifying number <p style="text-align: center;">56-1071085</p>
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Name of FDE or FB IPAS NIGERIA	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885811
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **NIGERIA, NAIRA**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
(Form 8858)
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 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

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Name of person filing Form 8858 <p style="text-align: center;">IPAS</p>	Identifying number <p style="text-align: center;">56-1071085</p>
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Name of FDE or FB IPAS FRANCOPHONE AFRICA	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885812
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ CFA BCEAO, FRANC

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
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 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

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Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS AFRICA ALLIANCE	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885813
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **KENYA, SHILLING**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
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 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

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Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS ZAMBIA	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885814
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **ZAMBIA, KWACHA**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
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 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

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Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS SOUTH AFRICA	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885815
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ SOUTH AFRICA, RAND

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

SCHEDULE M
(Form 8858)
 (Rev. September 2021)
 Department of the Treasury
 Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 <p style="text-align:center">IPAS</p>	Identifying number <p style="text-align:center">56-1071085</p>
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Name of FDE or FB IPAS PAKISTAN	U.S. identifying number, if any	Reference ID number (see instructions) IPAS885816
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Name of tax owner IPAS	U.S. identifying number, if any 56-1071085
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **PAKISTAN, RUPEE**

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					