

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 <small>File by the due date for filing your return. See instructions.</small>	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 ▶ IPAS, P.O. 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, 2024 , 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, 2022 , and ending JUN 30, 2023 .

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 **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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 \$ 111,642,293.
	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: <u>ADVANCE REPRODUCTIVE JUSTICE BY EXPANDING ACCESS TO ABORTION AND CONTRACEPTION.</u>		
	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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	100
	6 Total number of volunteers (estimate if necessary)	6	18
	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)	62,997,816.	53,477,358.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,467,324.	4,918,918.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	397,973.	685,315.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	299,698.	188,155.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,162,811.	59,269,746.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,645,784.	7,330,217.
	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)	23,236,149.	24,611,399.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	845,559.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,771,795.	28,644,821.
19 Revenue less expenses. Subtract line 18 from line 12	51,653,728.	60,586,437.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	14,509,083.	-1,316,691.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	140,923,971.	140,028,549.
		5,409,517.	6,050,258.
		135,514,454.	133,978,291.

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: <u>Anuradha Kumar</u>	Date: <u>5/3/2024</u>			
	Signature of preparer: <u>Sarah Hintz</u>	Date: <u>05/02/24</u>			
Paid Preparer Use Only	Print/Type preparer's name: <u>SARAH HINTZ</u>	Preparer's signature: <u>SARAH HINTZ</u>	Date: <u>05/02/24</u>	Check if self-employed: <input type="checkbox"/>	PTIN: <u>P00492291</u>
	Firm's name: <u>CLIFTONLARSONALLEN LLP</u>	Firm's EIN: <u>41-0746749</u>	Phone no. (303) 779-5710		
	Firm's address: <u>8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111</u>				

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: THE IPAS IMPACT NETWORK WORKS GLOBALLY TO ADVANCE REPRODUCTIVE JUSTICE BY EXPANDING ACCESS TO ABORTION AND CONTRACEPTION. ALL PEOPLE HAVE THE RIGHT TO MAKE FUNDAMENTAL DECISIONS ABOUT THEIR OWN BODIES AND HEALTH. (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 \$ 22,584,463. including grants of \$ 3,275,574.) (Revenue \$ 2,198,063.) INCREASED ACCESS TO ABORTION AND CONTRACEPTIVE CARE: ABORTION IS HEALTH CARE, BUT NOT EVERYONE HAS ACCESS. BARRIERS CAN BE FINANCIAL, LEGAL, OR CAUSED BY STIGMA AND CULTURAL TABOOS REGARDING ABORTION AND WOMEN'S RIGHTS. PEOPLE WHO ARE YOUNG, POOR, DISABLED, OR LIVING IN RURAL AREAS OR HUMANITARIAN SETTINGS FACE THE MOST EXTREME BARRIERS TO REPRODUCTIVE HEALTHCARE. NO MATTER WHERE THEY LIVE, WOMEN AND GIRLS AND ALL PEOPLE WHO CAN GET PREGNANT SHOULD HAVE ACCESS TO THE HIGHEST POSSIBLE QUALITY OF ABORTION AND CONTRACEPTIVE CARE. TO ENSURE HIGH-QUALITY ABORTION CARE, WE TRAIN DOCTORS, MIDWIVES AND NURSES TO SAFELY AND RESPECTFULLY PERFORM ABORTIONS AND PROVIDE COUNSELING ON CONTRACEPTIVE OPTIONS. WE EQUIP HEALTH FACILITIES,

4b (Code:) (Expenses \$ 13,594,832. including grants of \$ 1,971,748.) (Revenue \$ 1,323,135.) SUPPORTIVE LAWS AND POLICIES: POLITICAL SUPPORT AND LEADERSHIP DRIVE THE LEGAL AND POLICY FRAMEWORK THAT IS NECESSARY TO REALIZE AN INDIVIDUAL'S ABORTION RIGHTS. FOREMOST, THIS INCLUDES LAWS, POLICIES AND OTHER REGULATORY ACTIONS THAT SUPPORT COMPREHENSIVE ABORTION AND POSTABORTION CARE AND MEDICAL ABORTION, AS WELL AS OVERALL SEXUAL AND REPRODUCTIVE HEALTH AND WELL-BEING. LAWS AND POLICIES ON GENDER EQUALITY, PUBLIC HEALTH AND PROTECTION FROM VIOLENCE ARE ALSO CRITICAL ASPECTS OF THE LEGAL AND POLICY FRAMEWORK FOR REALIZING ABORTION RIGHTS. IPAS WORKS TO ENSURE THAT LAWS AND POLICIES RESPECT AND PROTECT ABORTION AS A HUMAN RIGHT, FROM THE UNITED NATIONS TO REGIONAL LAWS AND

4c (Code:) (Expenses \$ 14,361,170. including grants of \$ 2,082,895.) (Revenue \$ 1,397,720.) COMMUNITY ACCESS, SOCIAL SUPPORT, AND KNOWLEDGE: IN A HEALTHY AND SUSTAINABLE ABORTION ECOSYSTEM, PEOPLE HAVE THE INFORMATION THEY NEED TO MAKE DECISIONS ABOUT THEIR REPRODUCTIVE HEALTH, AND THERE IS COMMUNITY AND HEALTH SYSTEM SUPPORT FOR HUMAN RIGHTS AND ABORTION. IPAS WORKS WITH LOCAL PARTNERS TO DEVELOP INNOVATIVE WAYS TO CONNECT PEOPLE WITH THE SOCIAL SUPPORT, KNOWLEDGE, HEALTH INFORMATION AND CARE THEY NEED, AND TO ADDRESS THE SOCIAL NORMS THAT RESTRICT ACCESS. IPAS TEAMS REACH PEOPLE THROUGH HOTLINES, TELEMEDICINE, COMMUNITY HEALTH PROGRAMS, ADVOCATES, AND VOLUNTEERS, AND THROUGH RADIO, THEATER, COMMUNITY DIALOGUES AND WORKSHOPS, AND TRADITIONAL AND SOCIAL MEDIA, AS WELL DIGITAL APPLICATIONS THAT SHARE ABORTION INFORMATION. TO STRENGTHEN LOCAL CAPACITY ON ADVANCING ABORTION RIGHTS, WE MAKE SMALL GRANTS FOR

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

4e Total program service expenses 50,540,465. (Revenue \$)

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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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):		
28a 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
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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
35b 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		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

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 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
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 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
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
 IPAS, P.O. 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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 PRESIDENT & CEO	37.50			X				405,580.	0.	47,721.
(2) SAMUEL KIMBALL EVP & CFO (THRU 11/2022)	37.50			X				295,216.	0.	36,000.
(3) LISA SIMUTAMI EVP & COO	37.50			X				274,908.	0.	46,294.
(4) KATHRYN ANDERSEN EVP & CHF SCIENTIFIC & TECH OFFICER	37.50			X				251,712.	0.	34,301.
(5) MUADI MUKENGE - EVP & CHIEF OF DVLPMNT & EXTNL REL. (THRU 01/2023)	37.50			X				222,128.	0.	25,650.
(6) BILL POWELL SENIOR MEDICAL SCIENTIST	37.50					X		194,953.	0.	24,517.
(7) GUILLERMO ORTIZ-AVENDANO SENIOR MEDICAL ADVISOR	37.50					X		176,720.	0.	27,368.
(8) LAURIE PARKER SENIOR PROGRAM DIRECTOR	37.50					X		175,677.	0.	31,164.
(9) ASHA JACOB DIRECTOR OF HUMAN RESOURCES	37.50					X		162,969.	0.	18,356.
(10) MARIA ANTONIETA ALCALDE CASTRO REGIONAL DIRECTOR, LAC	37.50					X		154,810.	0.	11,429.
(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) CARLOS PLAZAS, MA DIRECTOR AND TREASURER	5.00	X		X				0.	0.	0.
(14) MANJUSHREE BADLANI, MA DIRECTOR AND SECRETARY	5.00	X		X				0.	0.	0.
(15) LILIAN ABRACINSKAS DIRECTOR (THRU 12/2022)	5.00	X						0.	0.	0.
(16) AMANY ALHADKA 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) ERIKA GUEVARA, LLB, MA DIRECTOR	5.00	X						0.	0.	0.
(20) PATRICIA DEVINE KARLIN, MBA DIRECTOR	5.00	X						0.	0.	0.
(21) PHINAH KODISANG, MA DIRECTOR	5.00	X						0.	0.	0.
(22) HAYFORD MENSAH, CPA, MBA, MS DIRECTOR	5.00	X						0.	0.	0.
(23) MONICA OGUTTU, PHD DIRECTOR	5.00	X						0.	0.	0.
(24) SERGIA GALVN ORTEGA DIRECTOR	5.00	X						0.	0.	0.
(25) MARIO MARTIN PECHENY DIRECTOR (THRU 12/2022)	5.00	X						0.	0.	0.
(26) LILIANNE PLOUMEN, MHIST, MS DIRECTOR	5.00	X						0.	0.	0.
1b Subtotal								2,314,673.	0.	302,800.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,314,673.	0.	302,800.

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 33

	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	861,461.
INVISORS, LLC 122 OLYMPUS WAY, JUPITER, FL 33477	IT ERP PROFESSIONAL FEES	302,994.
ROBERT HALF INTERNATIONAL, INC. P.O. BOX 743295, LOS ANGELES, CA 90074	TEMPORARY PLACEMENT SERVICES	181,966.
ALKU LLC, 200 BRICKSTONE SQUARE SUITE 503, ANDOVER, MA 01810	TEMPORARY PLACEMENT SERVICES	158,920.
NICOLETTE MARIA VAN DUURSEN BANKASTRAAT 27, UTRECHT, NETHERLANDS	CONSULTING	151,041.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN STANBACK DIRECTOR (THRU 12/2022)	5.00	X						0.	0.	0.
(28) LOUISE WINSTANLY, LLB DIRECTOR (THRU 03/2023)	5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	32,461,006.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,016,352.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 865,000.				
	h Total. Add lines 1a-1f			53,477,358.			
Program Service Revenue	2 a CONTRACT REVENUE	Business Code					
		621110	4,918,918.	4,918,918.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			4,918,918.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		825,126.			825,126.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		99,407.			99,407.	
	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	52,232,736.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	52,232,736.	139,811.			
	c Gain or (loss)	7c	0.	-139,811.			
d Net gain or (loss)			-139,811.		-139,811.		
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	88,748.		88,748.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			88,748.			
12 Total revenue. See instructions			59,269,746.	4,918,918.	0.	873,470.	

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 ...	117,000.	117,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,213,217.	7,213,217.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,406,295.	257,402.	1,123,946.	24,947.
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	16,826,564.	13,150,683.	3,156,066.	519,815.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	560,869.	100,396.	450,673.	9,800.
9 Other employee benefits	4,901,615.	4,320,485.	393,861.	187,269.
10 Payroll taxes	916,056.	254,773.	661,283.	
11 Fees for services (nonemployees):				
a Management				
b Legal	218,766.	139,079.	79,687.	
c Accounting	233,544.	122,197.	110,393.	954.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	72,974.	72,974.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,821,701.	6,008,359.	1,796,908.	16,434.
12 Advertising and promotion	238,737.	238,685.		52.
13 Office expenses	2,051,160.	1,821,636.	215,855.	13,669.
14 Information technology	1,401,874.	1,197,055.	176,763.	28,056.
15 Royalties				
16 Occupancy	1,466,880.	1,325,776.	141,065.	39.
17 Travel	9,472,591.	9,161,570.	285,170.	25,851.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	148,129.	144,281.	2,599.	1,249.
20 Interest	2,157.	2,157.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,855.	19,566.	22,289.	
23 Insurance	486,452.	69,013.	417,439.	
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	2,219,223.	2,202,344.	16,021.	858.
b MEDICAL SUPPLIES	1,238,456.	1,238,456.		
c FFE EXPENSES	841,271.	766,629.	74,642.	
d SITE STRENGTHENING	378,548.	378,548.		
e All other expenses	310,503.	218,184.	75,753.	16,566.
25 Total functional expenses. Add lines 1 through 24e	60,586,437.	50,540,465.	9,200,413.	845,559.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	9,189,711.	1	10,822,702.
	2 Savings and temporary cash investments	62,975,156.	2	8,497,139.
	3 Pledges and grants receivable, net	51,700,716.	3	61,584,322.
	4 Accounts receivable, net	1,754,853.	4	3,751,114.
	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	897,917.	9	913,653.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 331,931.		
	b Less: accumulated depreciation	10b 236,507.	256,390.	10c 95,424.
	11 Investments - publicly traded securities	14,149,228.	11	53,990,990.
	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	0.	15	373,205.
16 Total assets. Add lines 1 through 15 (must equal line 33)	140,923,971.	16	140,028,549.	
Liabilities	17 Accounts payable and accrued expenses	5,409,517.	17	5,687,726.
	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	0.	25	362,532.
	26 Total liabilities. Add lines 17 through 25	5,409,517.	26	6,050,258.
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	51,323,127.	27	50,778,263.
	28 Net assets with donor restrictions	84,191,327.	28	83,200,028.
	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	135,514,454.	32	133,978,291.
33 Total liabilities and net assets/fund balances	140,923,971.	33	140,028,549.	

Form 990 (2022)

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	59,269,746.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,586,437.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,316,691.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	135,514,454.
5	Net unrealized gains (losses) on investments	5	1,749,046.
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	-1,968,518.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	133,978,291.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	82,780,286.	37,740,862.	63,175,828.	62,997,816.	53,477,358.	300,172,150.
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	82,780,286.	37,740,862.	63,175,828.	62,997,816.	53,477,358.	300,172,150.
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)						57,584,192.
6 Public support. Subtract line 5 from line 4.						242,587,958.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	82,780,286.	37,740,862.	63,175,828.	62,997,816.	53,477,358.	300,172,150.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	839,937.	675,489.	372,667.	871,840.	924,533.	3,684,466.
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.)	23,720.	59,469.	-2,056,969.	107,493.	88,748.	-1,777,539.
11 Total support. Add lines 7 through 10						302,079,077.
12 Gross receipts from related activities, etc. (see instructions)					12	19,440,729.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	80.31	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	76.90	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<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"/>

Schedule A (Form 990) 2022

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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>			
2a			
2b			
3a			
3b			

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

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

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

Schedule A (Form 990) 2022

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

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

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

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2018 AMOUNT: \$ 23,720.

2019 AMOUNT: \$ 59,469.

2020 AMOUNT: \$ -2,056,969.

2021 AMOUNT: \$ 107,493.

2022 AMOUNT: \$ 88,748.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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/>	\$ 12,861,544.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 7,613,914.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 10,868,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 3,879,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 3,859,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 3,300,000.	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/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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.

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) 2022

LHA

232041 11-08-22

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)	63,471.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	360,331.													
c	Total lobbying expenditures (add lines 1a and 1b)	423,802.													
d	Other exempt purpose expenditures	59,354,017.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	59,777,819.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	399,180.	446,321.	438,912.	423,802.	1,708,215.
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	36,553.	36,682.	53,519.	63,471.	190,225.

Schedule C (Form 990) 2022

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 expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

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

2022

Open to Public Inspection

Name of the organization

IPAS

Employer identification number

56-1071085

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported under FASB ASC 958.

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

Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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				
d Equipment		285,158.	208,323.	76,835.
e Other		46,773.	28,184.	18,589.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				95,424.

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) OPERATING LEASE LIABILITIES	362,532.
(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	59,117,111.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,749,046.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,968,518.
e	Add lines 2a through 2d	2e	-219,472.
3	Subtract line 2e from line 1	3	59,336,583.
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	72,974.
b	Other (Describe in Part XIII.)	4b	-139,811.
c	Add lines 4a and 4b	4c	-66,837.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	59,269,746.

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	60,653,274.
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	139,811.
e	Add lines 2a through 2d	2e	139,811.
3	Subtract line 2e from line 1	3	60,513,463.
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	72,974.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	72,974.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	60,586,437.

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, 2023 AND 2022, 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 -1,968,518.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS -139,811.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS 139,811.

**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

2022

Open to Public Inspection

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

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 AND THE PACIFIC	2	47	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS, POST ABORTION CARE, AND/OR	2,331,307.
NORTH AMERICA	1	35	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS, POST ABORTION CARE, AND/OR	3,332,515.
SOUTH AMERICA	1	13	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS, POST ABORTION CARE, AND/OR	1,923,052.
SOUTH ASIA	4	114	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS, POST ABORTION CARE, AND/OR	5,282,782.
SUB-SAHARAN AFRICA	15	165	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS, POST ABORTION CARE, AND/OR	20,415,478.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICE ACTIVITIES	TRAINING HEALTH CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTIONS, POST ABORTION CARE, AND/OR	189,122.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		229,031.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		731,391.
3 a Subtotal	23	374			34,434,678.
b Total from continuation sheets to Part I	0	0			6,252,795.
c Totals (add lines 3a and 3b)	23	374			40,687,473.

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

Schedule F (Form 990) 2022

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
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		489,877.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		4,122,310.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,376,408.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		264,200.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM REVENUE		0.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM REVENUE		0.
NORTH AMERICA	0	0	PROGRAM REVENUE		0.
SOUTH AMERICA	0	0	PROGRAM REVENUE		0.
SOUTH ASIA	0	0	PROGRAM REVENUE		0.
SUB-SAHARAN AFRICA	0	0	PROGRAM REVENUE		0.
Totals					6,252,795.

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	IMPROVED AVAILABILITY AND ACCESSIBILITY TO QUALITY SRH SERVICES.	104,653.	WIRE	0.	N/A	N/A
		SOUTH ASIA	IMPROVED AVAILABILITY AND ACCESSIBILITY TO QUALITY SRH SERVICES.	169,717.	WIRE	0.	N/A	N/A
		SOUTH ASIA	IMPROVED AVAILABILITY AND ACCESSIBILITY TO QUALITY SRH SERVICES.	123,146.	WIRE	0.	N/A	N/A
		SOUTH ASIA	IMPROVED AVAILABILITY AND ACCESSIBILITY TO QUALITY SRH SERVICES.	77,107.	WIRE	0.	N/A	N/A
		SOUTH ASIA	EMERGENCY RESPONSE FOR AVAILABILITY AND ACCESSIBILITY OF QUALITY MR, PAC	730,830.	WIRE	0.	N/A	N/A
		SOUTH ASIA	STRENGTHENING MIDWIFERY PRE-SERVICE EDUCATION AND MIDWIFERY SERVICE FOR	46,804.	WIRE	0.	N/A	N/A
		SOUTH ASIA	STRATEGIC INVESTMENT FOR SUSTAINABLE.	61,352.	WIRE	0.	N/A	N/A
		SOUTH ASIA	SEXUAL AND REPRODUCTIVE CARE FOR ROHINGYA REFUGEES IN BANGLADESH.	156,937.	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

132

3 Enter total number of other organizations or entities

8

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990)		IPAS		56-1071085		Page 2			
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	SEXUAL AND REPRODUCTIVE HEALTH PROGRAM FOR ROHINGYA REFUGEES IN	60,272.	WIRE	0.	N/A	N/A
			SOUTH ASIA	SHELTER HOME AND SAFE HOUSE MANAGEMENT ALONG WITH LIFE SKILL SUPPORT TO GBV	111,815.	WIRE	0.	N/A	N/A
			SOUTH ASIA	CONDUCTING RESEARCH ON ACCESS TO SAFE ABORTION SERVICES IN NEPAL.	98,406.	WIRE	0.	N/A	N/A
			SOUTH ASIA	PROVIDE PSYCHOSOCIAL SUPPORT IN 19 SELECTED MUNICIPALITIES IN	315,954.	WIRE	0.	N/A	N/A
			SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL.	97,620.	WIRE	0.	N/A	N/A
			SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL.	97,788.	WIRE	0.	N/A	N/A
			SOUTH ASIA	LEAD THE LEGAL INCLUDING JUDICIAL COMPONENT AND PROVIDE TECHNICAL SUPPORT TO	107,270.	WIRE	0.	N/A	N/A
			SOUTH ASIA	ADVOCACY OF SAS EDUCATION AND AWARENESS ACTIVITIES AT NATIONAL LEVEL.	26,031.	WIRE	0.	N/A	N/A
			SOUTH ASIA	INTERACTION MEETING WITH PARLIAMENTARIANS IN PROVINCE1, GANDAKI, LUMBINI, FAR	13,805.	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	CONDUCT COMMUNITY INTERFACE DIALOGUES AND INFLUENCE LOCAL LEVEL GOVERNANCE AND	14,927.	WIRE	0.		N/A	
		SOUTH ASIA	RESEARCH /STUDY.	15,185.	WIRE	0.		N/A	
		SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL.	109,471.	WIRE	0.		N/A	
		SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL.	71,316.	WIRE	0.		N/A	
		SOUTH ASIA	SHELTER HOME AND SAFE HOUSE MANAGEMENT ALONG WITH LIFE SKILL SUPPORT TO GBV	121,091.	WIRE	0.		N/A	
		SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL.	60,384.	WIRE	0.		N/A	
		SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL.	118,624.	WIRE	0.		N/A	
		SOUTH ASIA	DEVELOP THE AGENCY OF MARGINALIZED WOMEN AND GIRLS SO THAT THEY ARE ABLE TO	60,005.	WIRE	0.		N/A	
		SOUTH ASIA	SAS EDUCATION AND AWARENESS ACTIVITIES AT COMMUNITY LEVEL.	9,968.	WIRE	0.		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	SUB-AWARD FOR RESEARCH PROJECT TO MINISTRY OF NATIONAL HEALTH SERVICES.	27,831.	WIRE	0.		N/A
		SOUTH ASIA	CLIENT EXIT INTERVIEW OF PAC SERVICES.	8,891.	WIRE	0.		N/A
		SOUTH ASIA	PROVIDE LOGISTIC AND OPERATIONAL SUPPORT OF PROJECT ACTIVITIES IN SINDH FOR	7,481.	WIRE	0.		N/A
		SOUTH ASIA	PROVIDE LOGISTIC AND OPERATIONAL SUPPORT OF PROJECT ACTIVITIES IN SINDH FOR	5,709.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	SUPPORT USER CENTERED DESIGN ACTIVITIES LEADING TO FINAL INTERVENTION PACKAGE.	15,827.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	TO FACILITATE A MITIGATION STRATEGY AND CAMPAIGN AGAINST FAMILY POLICY IN	14,066.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	TO FACILITATE A MITIGATION STRATEGY AND CAMPAIGN AGAINST FAMILY POLICY IN	11,586.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	CONTRIBUTE TO INCREASED BODILY AUTONOMY, AGENCY, AND ENJOYMENT OF SRHR	7,795.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	CONTRIBUTE TO INCREASED BODILY AUTONOMY, AGENCY, AND ENJOYMENT OF SRHR	7,744.	WIRE	0.		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	FORUM ON THE PARTICIPATION OF NGOS IN THE 67TH ORDINARY SESSION OF THE	78,315.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	COLLABORATION FOR ADVOCACY ON SRH SERVICES FOR YOUTH WITH COMPOUNDED	13,237.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	PROMOTING DISABILITY RESPONSIVE SRHR SERVICES FOR YOUTH WITH DISABILITIES IN	12,060.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	SEXUAL AND REPRODUCTIVE HEALTH CARE IN THE CATCHMENT AREA IN THREE WOREDAS	9,102.	WIRE	0.		N/A
		EAST ASIA AND THE PACIFIC	PROTECTION OF WOMEN'S LIVES FROM THE DANGERS OF PREGNANCY DUE TO RAPE.	71,811.	WIRE	0.		N/A
		EAST ASIA AND THE PACIFIC	CLIMATE CHANGE AWARENESS AMONG WOMEN AND YOUNG FEMALE ADOLESCENT AGAINST	64,560.	WIRE	0.		N/A
		EAST ASIA AND THE PACIFIC	CLIMATE CHANGE AND REPRODUCTIVE HEALTH SERVICE STUDY IN CENTRAL SULAWESI.	51,518.	WIRE	0.		N/A
		EAST ASIA AND THE PACIFIC	REINFORCING HEALTH INFORMATION AND SERVICES FOR WOMEN AND GIRLS.	41,143.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	ADVANCING SRHR THROUGH AN INNOVATIVE, YOUTH-FOCUSED VIRTUAL	15,745.	WIRE	0.		N/A

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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	CONDUCT OF A NATIONAL EVALUATION OF THE IMPLEMENTATION OF THE VAPP LAW IN NIGERIA.	47,386.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ANON 2 ASC SCALE-UP INTERVENTIONS IN SELECTED COMMUNITIES	31,271.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO COORDINATE THE LEARNING VISIT BY THE ZAMFARA STATE HOUSE ASSEMBLY MEMBERS TO	5,749.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ANON 2 ASC SCALE-UP INTERVENTIONS IN SELECTED COMMUNITIES	29,139.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ANON 2 ASC SCALE-UP INTERVENTIONS IN SELECTED COMMUNITIES	29,443.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ANON 2 ASC SCALE-UP INTERVENTIONS IN SELECTED COMMUNITIES	27,451.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO IMPLEMENT ANON 2 ASC SCALE-UP INTERVENTIONS IN SELECTED COMMUNITIES	20,732.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	FOR THE DISEMINATION OF THE ABRIDGED VAPP LAW IN 11 LGAS IN BORNO STATE.	17,143.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TO FACILITATE THE DISEMINATION OF THE BAUCHI STATE VAPP LAW ACROSS 10 LOCAL	11,854.	WIRE	0.	N/A	N/A

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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	TO CONDUCT ACTIVITIES TOWARDS INCREASING WOMEN WITH DISABILITIES ACCESS	5,674.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IMPROVE ACCESS TO SRHR INFORMATION & CAC SERVICES IN KINSHASA.	219,210.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IMPROVE ACCESS TO SRHR INFORMATION & CAC SERVICES IN KINSHASA.	203,294.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IMPROVE ACCESS TO SRHR INFORMATION & CAC SERVICES IN KINSHASA.	85,593.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	STRENGTHENING THE COMMITMENT AND CAPACITIES OF MIDWIVES FOR	54,619.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IMPLEMENTATION OF COMMUNITY ENGAGEMENT STRENGTHENING ACTIVITIES: MASUJAA	45,000.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	DESCRIPTION OF TASK MEN, WOMEN, YOUTH AND JOURNALIST NETWORKS. (SOFEPADI).	40,124.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IMPROVE ACCESS TO SRHR INFORMATION & CAC SERVICES IN KINSHASA.	27,716.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	IDENTIFICATION OF CHAMPIONS IN SRHR AND IN PARTICULAR ISSUES RELATED TO ABORTION	25,000.	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	MAKOKI YA MWASI ACTIVITY/PROMOTION ON POSITIVE MASCULINITY.	23,424.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	SUBAWARD - RENUMERATION OF US STAFF SALARIES, BENEFITS, AND IT	20,253.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	SUBGRANT TO IMPLEMENT MAKOKI YA MWASI PROJECT IN KINSHASA.	16,000.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	MONITORING OF ABORTION RELATED CASES IN THE JUDICIARY SYSTEM AND	14,130.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	PRODUCE A VIDEO ON THE IMPACT OF CLIMATE CHANGE.	6,975.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	ACCESSING THE FULL RANGE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES.	45,710.	WIRE	0.		N/A
		SUB-SAHARAN AFRICA	EXPAND THE ACCESS OF WOMEN AND GIRLS TO ABORTION SAFE AND CONTRACEPTIVE CARE IN	47,530.	WIRE	0.		N/A
		SOUTH AMERICA	IMPROVE THE ACCESS OF WOMEN AND GIRLS TO THE EXERCISE OF SEXUAL AND	30,000.	WIRE	0.		N/A
		SOUTH AMERICA	STRENGTHEN THE ROLE OF CIVIL SOCIETY TO IMPROVE WOMEN'S ACCESS TO	15,014.	WIRE	0.		N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	STRENGTHEN THE ROLE OF CIVIL SOCIETY TO IMPROVE WOMEN'S ACCESS TO	13,952.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	IMPROVING ACCESS TO SAFE ABORTION AND ABORTION SERVICES FOR BISEXUAL WOMEN,	5,220.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING OF LEGAL PROTECTION MECHANISMS FOR CROSS-BORDER SUPPORT	145,826.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING OF LEGAL PROTECTION MECHANISMS FOR CROSS-BORDER SUPPORT	41,542.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	CONTRIBUTE TO THE INCREASE IN THE NUMBER OF PEOPLE WITH ACCESS TO SECULAR AND	69,691.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	CONTINUITY OF THE INTERVENTION ACTIVITIES OF THE PROJECT DEEPENING	7,140.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	GUARANTEE WOMEN, GIRLS, ADOLESCENTS AND YOUNG PEOPLE ACCESS TO SAFE AND	237,622.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	CONTINUITY OF THE INTERVENTION ACTIVITIES OF THE PROJECT DEEPENING	147,455.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	EXPAND ACCESS TO SAFE ABORTIONS, FOCUSED ON THOSE WHO ABORT AND ACCOMPANIED BY	108,000.	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)								
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		SOUTH AMERICA	CONTRIBUTE TO IMPROVING ACCESS TO SAFE ABORTION IN COORDINATION WITH THE	100,663.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	STRENGTHENING THE COMPETENCIES, SKILLS AND KNOWLEDGE NECESSARY FOR THE	93,815.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	STRENGTHENING THE CAPACITIES OF PERSONNEL IN 4 HEALTH ESTABLISHMENTS TO	87,858.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	STRENGTHENING COMPETENCIES, SKILLS AND KNOWLEDGE IN IVE/ILE PRACTICE FOR	50,000.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	PROMOTE REPRODUCTIVE JUSTICE FOR CHILEAN WOMEN AND GIRLS THROUGH COUNSELING,	33,145.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	TO CONTINUE GENERATING SPACES FOR EXCHANGE, CLACAI WILL BE HOLDING ITS NEXT	25,300.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	COLLABORATE TO ENSURE THE SUSTAINED TASK OF MOBILIZATION,	24,259.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	INVESTIGATION AND HEALTH PROVIDERS AND THE NETWORK OF COMPANIONS INCREASE THEIR KNOWLEDGE AND	22,142.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHEN THE NATIONAL NETWORK OF TEACHERS OF ECUMNICAS FOR THE RIGHT TO	19,957.	WIRE	0.	N/A	N/A

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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)
		SOUTH AMERICA	ACTIONS TO STRENGTHEN 30 FEMINIST ACTIVISTS ORGANIZED IN COLLECTIVES ON THE INTERVENTION AIMED AT INFLUENCING THE REDUCTION OF ADOLESCENT	19,004.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING THE CAPACITIES OF YOUNG PEOPLE AND ADOLESCENTS FROM 7	18,090.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	PROVIDE TECHNICAL ASSISTANCE FOR FORMULATION DEVELOPMENT OF	17,086.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING WOMEN IN THE NETWORK FOR THE DEFENSE OF SEXUAL AND REPRODUCTIVE	16,197.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	TO IMPROVE ACCESS TO CONTRACEPTIVE CARE FOR CENTRAL AMERICAN ADOLESCENTS AND	15,185.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING THE NETWORK OF SEXUAL AND REPRODUCTIVE RIGHTS THROUGH THE	14,962.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING THE SKILLS OF ADOLESCENTS BETWEEN 13 AND 19 YEARS OLD FROM 7	12,014.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING THE CAPACITIES AND SKILLS OF ADOLESCENTS AND YOUNG PEOPLE THROUGH	10,455.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING THE CAPACITIES AND SKILLS OF ADOLESCENTS AND YOUNG PEOPLE THROUGH	8,893.	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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		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING THE ASSOCIATION OF WOMEN FOR RIGHTS IN GUANACASTE ON THE	8,465.	WIRE	0.	N/A	N/A
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING KNOWLEDGE ABOUT COMPREHENSIVE SEXUAL EDUCATION WITH A	6,672.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	INPRHU SOMOTO WILL IMPROVE THE KNOWLEDGE OF ADOLESCENTS IN SEXUAL EDUCATION FOR	5,316.	WIRE	0.	N/A	N/A
		SOUTH ASIA	INDIA SRHR CHOICES -PUBLIC SECTOR INTERVENTION.	144,535.	WIRE	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INCORPORATE THE PRIVATE SECTOR PERSPECTIVE INTO THE INTERVENTIONS IN	56,100.	WIRE	0.	N/A	N/A
		SOUTH ASIA	CREATE PRIVATE SECTOR INTERVENTIONS FOR PMAC PAKISTAN.	45,200.	WIRE	0.	N/A	N/A
		SOUTH ASIA	FIELD WORK IN STATE OF JHARKHAND (INDIA).	33,275.	WIRE	0.	N/A	N/A
		SOUTH AMERICA	KAQCHIKEL AND MESTIZA MAYAN ADOLESCENTS AND YOUNG PEOPLE STRENGTHENED WITH	20,000.	WIRE	0.	N/A	N/A
		SOUTH ASIA	RAISE AWARENESS AMONG ADOLESCENTS AND YOUNG PEOPLE THROUGH SOCIAL NETWORKS ABOUT THEIR	17,362.	WIRE	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	IPAS IS SEEKING TO CONTRACT WITH HESPERIAN IN ORDER TO TRANSLATE AND LAUNCH	15,967.		0.		
			SOUTH ASIA	IMPLEMENT PRIVATE SECTOR INTERVENTIONS IN PAKISTAN.	13,350.		0.		
			SUB-SAHARAN AFRICA	TANGIBLE AI TO SUPPORT THE ANALYTICS DASHBOARD AND CHATBOT FOR THE DRC STARS IN	9,295.		0.		
			SOUTH AMERICA	BARRIER TO ACCESS TO LEGAL ABORTION DURING COVID-19.	9,294.		0.		
			CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH FIRM TO SUPPORT INVESTIGATION INTO FWI FINANCING.	5,625.		0.		
			SOUTH ASIA	FIELD WORK IN STATE OF JHARKHAND (INDIA).	834,024.		0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

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Part V Supplemental Information

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

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 CONTRACTS, GRANTS, AND PROCUREMENT TEAM 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 AND THE PACIFIC

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

REGION: NORTH AMERICA

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

REGION: SOUTH AMERICA

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

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, POST ABORTION CARE, AND/OR

CONTRACEPTION.

REGION: SUB-SAHARAN AFRICA

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

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

CONTRACEPTION.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

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

CONTRACEPTION.

PART II, COLUMN (D):

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

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: SEXUAL AND REPRODUCTIVE HEALTH PROGRAM FOR

ROHINGYA REFUGEES IN BANGLADESH.

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 SUDURPASCHIM PROVINCE AND OKHALDHUNGA, UDAYAPUR AND MORANG DISTRICTS

OF PROVINCE 1 FOR THE GBV SURVIVORS. IN ADDITION, CMC WILL ALSO SUPPORT

THE CONSORTIUM IN PROVIDING THE PSYCHOSOCIAL SUPPORT IN 8 OCMCS WITH CASE

MANAGEMENT AND IN BUILDING THE CAPACITY CPSWS ON GENDER TRANSFORMATIVE

APPROACH AND EFFECTIVE DELIVERY OF PSYCHOSOCIAL FIRST AID IN THE

COMMUNITY. CMC WILL ALSO ADVOCATE WITH LOCAL GOVERNMENT TO INCREASE

SUPPORT FOR GBV SURVIVORS AT LOCAL LEVEL AND ALLOCATE BUDGET FOR THE

MOBILIZATION OF CPSWS AND CASE MANAGERS. CMC WILL ALSO SUPPORT OTHER

PROJECT INITIATIVES LED BY OTHER CONSORTIUM PARTNERS AS AND WHEN NEEDED.

REGION: SOUTH ASIA

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

PROVIDE TECHNICAL SUPPORT TO THE PARTNERS OF GBVPR AT NATIONAL LEVEL.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: INERACTION MEETING WITH PARLIAMENTARIANS IN

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.

PROVINCE1, GANDAKI, LUMBINI, FAR WEST AND FEDERAL LEVEL FOR POLICY

FORMATION AND BUDGET ALLOCATION FOR SAS.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: CONDUCT 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: DEVELOP THE AGENCY OF MARGINALIZED WOMEN AND GIRLS

SO THAT THEY ARE ABLE TO UNDERSTAND AND SEEK SRHR SERVICES IN THE CONTEXT

OF CLIMATE CHANGE.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PROVIDE LOGISTIC AND OPERATIONAL SUPPORT OF

PROJECT ACTIVITIES IN SINDH FOR HUMANITARIAN PROJECT.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: PROVIDE LOGISTIC AND OPERATIONAL SUPPORT OF

PROJECT ACTIVITIES IN SINDH FOR HUMANITARIAN PROJECT.

REGION: SOUTH ASIA

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: UPGADATION OF SK CORPORATE WEB BASED APPLICATION

IN URDU TO DESIGN AND DEVELOP REFERENCE GUIDE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO FACILITATE A MITIGATION STRATEGY AND CAMPAIGN

AGAINST FAMILY POLICY IN UGANDA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO FACILITATE A MITIGATION STRATEGY AND CAMPAIGN

AGAINST FAMILY POLICY IN KENYA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONTRIBUTE TO INCREASED BODILY AUTONOMY, AGENCY,

AND ENJOYMENT OF SRHR AMONG WOMEN, ADOLESCENT GIRLS, AND BOYS IN BUSIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONTRIBUTE TO INCREASED BODILY AUTONOMY, AGENCY,

AND ENJOYMENT OF SRHR AMONG WOMEN, ADOLESCENT GIRLS, AND BOYS IN TORORO.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: REVIEW COMMUNITY NORMS THAT NORMALIZE OR

PERPETUATE EARLY SEXUAL DEBUT AND SEXUAL VIOLENCE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASED CAPACITY OF GRASSROOTS CSOS AND CSO

NETWORKS IN WORKING CROSS-SECTORAL TO UNDERTAKE ACTION, ADVANCE RIGHTS

RELATED TO SRH, AND INFLUENCE RELATED POLICIES AT THE COUNTY LEVEL".

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: REVIEW COMMUNITY NORMS THAT NORMALIZE OR PERPETUATE EARLY SEXUAL DEBUT AND SEXUAL VIOLENCE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASED CAPACITY OF GRASSROOTS CSOS AND CSO NETWORKS IN WORKING CROSS-SECTORAL TO UNDERTAKE ACTION, ADVANCE RIGHTS RELATED TO SRH, AND INFLUENCE RELATED POLICIES AT THE COUNTY LEVEL.

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: 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: 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 CITY AUTHORITY (KCCA).

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: SUPPORTING THE 37TH GENDER IS MY AGENDA CAMPAIGN

(GIMAC) PRE-SUMMIT THROUGH FEMMES AFRICA SOLIDARITE= (FAS).

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FORUM ON THE PARTICIPATION OF NGOS IN THE 67TH

ORDINARY SESSION OF THE AFRICAN COMMISSION ON HUMAN AND PEOPLE'S RIGHTS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: FORUM ON THE PARTICIPATION OF NGOS IN THE 67TH

ORDINARY SESSION OF THE AFRICAN COMMISSION ON HUMAN AND PEOPLE'S RIGHTS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: COLLABORATION FOR ADVOCACY ON SRH SERVICES FOR

YOUTH WITH COMPOUNDED VULNERABILITIES IN ADDIS ABABA CITY ADMINISTRATION

AND AMHARA REGIONAL STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROMOTING DISABILITY RESPONSIVE SRIHR SERVICES FOR

YOUTH WITH DISABILITIES IN ADDIS ABABA AND AMBO.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SEXUAL AND REPRODUCTIVE HEALTH CARE IN THE

CATCHMENT AREA IN THREE WOREDAS OF NORTH SHEWA ZONE.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: CLIMATE CHANGE AWARENESS AMONG WOMEN AND YOUNG

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.

FEMALE ADOLESCENT AGAINST SEXUAL VIOLENCE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVANCING SRHR THROUGH AN INNOVATIVE, YOUTH-FOCUSED VIRTUAL PLATFORM IN MALAWI.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPLEMENT ANON 2 ASC SCALE-UP INTERVENTIONS IN SELECTED COMMUNITIES IN KAZAURE LGA, JIGAWA STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO COORDINATE THE LEARNING VISIT BY THE ZAMFARA STATE HOUSE ASSEMBLY MEMBERS TO JIGAWA STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPLEMENT ANON 2 ASC SCALE-UP INTERVENTIONS IN SELECTED COMMUNITIES IN KALTUNGO LGA, GOMBE STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPLEMENT ANON 2 ASC SCALE-UP INTERVENTIONS IN SELECTED COMMUNITIES IN TARKA AND GBOKO LGAS, BENUE STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO IMPLEMENT ANON 2 ASC SCALE-UP INTERVENTIONS IN SELECTED COMMUNITIES IN AKKO LGA, BENUE STATE.

REGION: SUB-SAHARAN AFRICA

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: TO IMPLEMENT ANON 2 ASC SCALE-UP INTERVENTIONS IN

SELECTED COMMUNITIES IN GUMEL LGA, JIGAWA STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THE GAZETTING AND LAUNCH OF THE BAUCHI STATE VAPP

LAW AND ADMINISTRATION OF CRIMINAL JUSTICE LAW (ACJL).

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO FACILITATE THE DISSEMINATION OF THE BAUCHI

STATE VAPP LAW ACROSS 10 LOCAL GOVERNMENT AREAS OF THE STATE IN

PARTNERSHIP WITH FIVE (5) SELECT CIVIL SOCIETY ORGANIZATIONS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO CONDUCT ACTIVITIES TOWARDS INCREASING WOMEN

WITH DISABILITIES ACCESS TO CONTRACEPTION.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO FILE A SUIT IN COURT FOR THE EXPANSION OF

ABORTION FOR WOMEN AND GIRLS IN NIGERIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO CONDUCT A MEETING WITH TRADITIONAL AND

RELIGIOUS LEADERS IN GOMBE STATE, TO GET THEIR SUPPORT FOR THE PASSAGE OF

THE VAPP BILL IN THE STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO MOBILIZE STAKEHOLDERS TOWARDS SECURING 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.

ASSENT OF THE GOVERNOR ON THE VAPP LAW FOR GOMBE STATE.

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 AMONG ADOLESCENT GIRLS AND YOUNG WOMEN. (2ND TRANCH).

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: STRENGTHENING THE COMMITMENT AND CAPACITIES OF MIDWIVES FOR SUSTAINABLE ABORTION CARE IN THE DRC.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPLEMENTATION OF COMMUNITY ENGAGEMENT STRENGTHENING ACTIVITIES: MASUJAA SUPPORT AND DISSEMINATION OF TELEHEALTH TOOLS.

REGION: SUB-SAHARAN AFRICA

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUBAWARD - RENUMERATION OF US STAFF SALARIES, BENEFITS, AND IT ALLOCATION COSTS RELATED TO THE PROJECT, GCC STARS IN GLOBAL HEALTH, NURSE NISA. REACHING WOMEN IN THE DRC WITH SRHR INFORMATION AND IPV SUPPORT VIA CHATBOT.

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: MONITORING OF ABORTION RELATED CASES IN THE JUDICIARY SYSTEM AND DEVELOPMENT OF JURISPRUDENCE HANDBOOK.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EXPAND THE ACCESS OF WOMEN AND GIRLS TO ABORTION SAFE AND CONTRACEPTIVE CARE IN THE PROVINCE OF NAMPULA AND ZAMBEZIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE THE KNOWLEDGE, CAPACITY, OPPORTUNITIES AND CHOICES OF WOMEN AND GIRLS IN MOZAMBIQUE IN ACCESSING SAFE, HIGH-QUALITY CARE AND CONTRACEPTION BY CONDUCTING COMMUNITY ENGAGEMENT ACTIVITIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVE THE KNOWLEDGE, CAPACITY, OPPORTUNITIES AND CHOICES OF WOMEN AND GIRLS IN MOZAMBIQUE IN ACCESSING SAFE, HIGH-QUALITY CARE AND CONTRACEPTION BY CONDUCTING COMMUNITY ENGAGEMENT ACTIVITIES.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: IMPROVE THE ACCESS OF WOMEN AND GIRLS TO THE EXERCISE OF SEXUAL AND REPRODUCTIVE RIGHTS, PROVIDE TOOLS TO COMMUNITY LEADERS, HUMAN RIGHTS DEFENDERS, PSYCHO-EMOTIONAL SUPPORT TO WOMEN, VICTIMS OF SEXUAL AND DOMESTIC AGGRESSION, AND PROMOTE THE USE OF CONTRACEPTIVES IN THE YOUTH POPULATION.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: STRENGTHEN THE ROLE OF CIVIL SOCIETY TO IMPROVE

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.

WOMEN'S ACCESS TO REPRODUCTIVE HEALTH, WITHIN THE FRAMEWORK OF THE
ENFORCEABILITY AND EXERCISE OF THEIR RIGHTS TO A FREE AND PLEASURABLE
SEXUALITY.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: STRENGTHEN THE ROLE OF CIVIL SOCIETY TO IMPROVE

WOMEN'S ACCESS TO REPRODUCTIVE HEALTH, WITHIN THE FRAMEWORK OF THE
ENFORCEABILITY AND EXERCISE OF THEIR RIGHTS TO A FREE AND PLEASURABLE
SEXUALITY.

REGION: SOUTH AMERICA

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

SERVICES FOR BISEXUAL WOMEN, LESBIANS, TRANS MEN AND NON-BINARY PEOPLE IN
BOLIVIA.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHENING OF LEGAL PROTECTION MECHANISMS FOR
CROSS-BORDER SUPPORT NETWORKS AND CONSTRUCTION OF SPACE FOR SUPPORT WITH
MEDICINES, GUARANTEEING A MEDICINE BANK.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHENING OF LEGAL PROTECTION MECHANISMS FOR
CROSS-BORDER SUPPORT NETWORKS AND CONSTRUCTION OF SPACE FOR SUPPORT WITH
MEDICINES, GUARANTEEING A MEDICINE BANK.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: CONTRIBUTE TO THE INCREASE IN THE NUMBER OF PEOPLE

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 ACCESS TO SECULAR AND SCIENTIFIC INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(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: SOUTH AMERICA

(D) PURPOSE OF GRANT: GUARANTEE WOMEN, GIRLS, ADOLESCENTS AND YOUNG PEOPLE ACCESS TO SAFE AND ACCOMPANIED ABORTIONS IN THE FORMAL OR SELF-MANAGED HEALTH SYSTEM, THROUGH TELEPHONE INFORMATION AND IN-PERSON SUPPORT IN ORDER TO FACILITATE ABORTION PROCESSES.

REGION: SOUTH AMERICA

(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: SOUTH AMERICA

(D) PURPOSE OF GRANT: EXPAND ACCESS TO SAFE ABORTIONS, FOCUSED ON THOSE WHO ABORT AND ACCOMPANIED BY FEMINIST ACTIVISTS, AS WELL AS STRENGTHEN COLLECTIVES AND NETWORKS OF COMPANIONS IN ARGENTINA AS PRODUCERS OF COLLECTIVE HEALTH.

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: CONTRIBUTE TO IMPROVING ACCESS TO SAFE ABORTION IN COORDINATION WITH THE DIFFERENT SOCIAL AND POLITICAL ACTORS INVOLVED IN THE SUSTAINABLE ECOSYSTEM OF SAFE ABORTION IN COLOMBIA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: STRENGTHENING THE COMPETENCIES, SKILLS AND KNOWLEDGE NECESSARY FOR THE CARE OF SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN WHO DECIDE TO TERMINATE THEIR PREGNANCIES AT THE CENTER.

REGION: SOUTH AMERICA

(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: SOUTH AMERICA

(D) PURPOSE OF GRANT: STRENGTHENING COMPETENCIES, SKILLS AND KNOWLEDGE IN IVE/ILE PRACTICE FOR THE SEXUAL AND REPRODUCTIVE HEALTH CARE OF WOMEN WHO DECIDE TO TERMINATE THEIR PREGNANCIES AT THE MEDICAL CENTER AND PROVIDING INFORMATION AND GUIDANCE THROUGH THE TELEPHONE LINE AND SERVICES WITH THE IMPLEMENTATION OF COMMUNITY ACTIVITIES.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: PROMOTE REPRODUCTIVE JUSTICE FOR CHILEAN WOMEN AND GIRLS THROUGH COUNSELING, TRAINING, MONITORING AND ADVOCACY ACTIONS WITH KEY ACTORS AND INSTITUTIONS. THIS PROJECT SEEKS TO CONTINUE STRENGTHENING

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 DHYSSR OF WOMEN AND GIRLS, GIVING CONTINUITY IN THE IMPLEMENTATION OF
ACTIONS IMPLEMENTED IN FY21 AND FY22.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO CONTINUE GENERATING SPACES FOR EXCHANGE, CLACAI
WILL BE HOLDING ITS NEXT CONGRESS AT THE END OF JUNE, WITH THE AIM OF
CONTINUING TO STRENGTHEN NATIONAL AND REGIONAL ACTIONS FOR PROMOTION,
DEFENSE, INFORMATION, RESEARCH AND DEVELOPMENT OF COMPREHENSIVE ABORTION
CARE SERVICES THAT WILL SURELY ALLOW ACCESS TO EFFECTIVE AND SAFE
TECHNOLOGIES.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: COLLABORATE TO ENSURE THE SUSTAINED TASK OF
MOBILIZATION, INVESTIGATION AND DEFENSE OF THE ACHIEVEMENTS OBTAINED IN
URUGUAY IN RSD AND ABORTION, WHICH ARE AT RISK IN THE CURRENT POLITICAL
SITUATION OF THE COUNTRY.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: HEALTH PROVIDERS AND THE NETWORK OF COMPANIONS
INCREASE THEIR KNOWLEDGE AND GO THROUGH AWARENESS-RAISING PROCESSES,
PROMOTING THE IDENTIFICATION OF ACTIONS OF THE ASSOCIATION FOR THE SEXUAL
RIGHTS AND REPRODUCTIVE RIGHTS OF GIRLS, ADOLESCENTS AND WOMEN.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHEN THE NATIONAL NETWORK OF TEACHERS OF
ECUMNICAS FOR THE RIGHT TO DECIDE IN KNOWLEDGE ABOUT SEXUAL AND
REPRODUCTIVE HEALTH, DSR IN THE USE OF TOOLS TO APPROACH CHILDREN 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.

ADOLESCENTS IN THEIR CLASSROOMS, WITH A GENDER PERSPECTIVE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ACTIONS TO STRENGTHEN 30 FEMINIST ACTIVISTS

ORGANIZED IN COLLECTIVES ON THE ISSUE OF SEXUAL AND REPRODUCTIVE RIGHTS,

ABORTION IN INCIDENCE, WHICH WILL ALLOW CLOSENESS BETWEEN COLLECTIVES AND

FACILITATE THE ARTICULATION OF JOINT ACTIONS AND STRATEGIC RESPONSE TO

GENDER-BASED VIOLENCE, THE STRENGTHENING OF FEMINIST POLITICAL ADVOCACY

STRATEGY THROUGH THE CREATION AND DISSEMINATION OF TOOLS FOR ADVOCACY AND

THE ADVANCEMENT OF FEMINIST WOMEN'S RIGHTS AGENDAS AMONG A BROAD GROUP OF

HUMAN RIGHTS ACTIVISTS. AND STRENGTHENING THE MEDICINE DISTRIBUTION

NETWORK THROUGH THE DEVELOPMENT OF THE NETWORK'S STRATEGIC PLAN TO ENSURE

ITS CONTINUITY AND EXPAND ITS REACH.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: INTERVENTION AIMED AT INFLUENCING THE REDUCTION OF

ADOLESCENT PREGNANCIES THROUGH THE PROMOTION AND USE OF CONTRACEPTIVES

AND THE PREVENTION OF SEXUAL VIOLENCE IN THE COMMUNITIES OF CONCHAGUA AND

SAN JOS INGENIO IN THE MUNICIPALITY OF METAPN, EL SALVADOR.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHENING THE CAPACITIES OF YOUNG PEOPLE AND

ADOLESCENTS FROM 7 COMMUNITIES IN THE MUNICIPALITY OF MOZONTE SO THAT

THEY CAN MAKE DECISIONS FOR THE EXERCISE OF RESPONSIBLE SEXUALITY FREE OF

VIOLENCE THROUGH THE EMPOWERMENT OF 14 PROMOTERS AND 448 WOMEN OF

CHILDBEARING AGE, IN FAMILY PLANNING, PREVENTION OF VIOLENCE, STIGMA,

DISCRIMINATION AND PARENTING PATTERNS.

Part V Supplemental Information

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: PROVIDE TECHNICAL ASSISTANCE FOR FORMULATION

DEVELOPMENT OF QUALITY ASSURED MIFEPRISTONE TABLETS AND INTRODUCTION IN

BUENOS AIRES PROVINCE, ARGENTINA.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHENING WOMEN IN THE NETWORK FOR THE DEFENSE

OF SEXUAL AND REPRODUCTIVE RIGHTS IN ORDER TO REDUCE HARM AND PREVENT

VIOLENCE, SEXUAL VIOLENCE, PREGNANCIES AND FORCED MOTHERHOOD; SPEAKING

OUT AGAINST THE ANTI-RIGHTS THAT THREATEN AND HINDER THE ADVANCES OF

SEXUAL AND REPRODUCTIVE RIGHTS DURING THE PRE-ELECTORAL YEAR PROCESS IN

THE COUNTRY.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO IMPROVE 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 CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHENING THE NETWORK OF SEXUAL AND

REPRODUCTIVE RIGHTS THROUGH THE EMPOWERMENT OF ADULT AND YOUNG WOMEN SO

THAT THEY KNOW AND ADVOCATE FOR SEXUAL AND REPRODUCTIVE RIGHTS FOR A LIFE

FREE OF VIOLENCE, POSITIONING THE AGENDA OF HRD AND THE RIGHT TO

CITIZENSHIP. DURING AND AFTER THE ELECTORAL PROCESS AND THE ANTI-RIGHTS

AGENDA.

Part V Supplemental Information

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

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHENING THE SKILLS OF ADOLESCENTS BETWEEN 13 AND 19 YEARS OLD FROM 7 SELECTED NEIGHBORHOODS IN GRANADA AND MANAGUA IN ORDER TO TRAIN THEM TO MAKE INFORMED AND RESPONSIBLE DECISIONS IN THE EXERCISE OF THEIR SEXUAL AND REPRODUCTIVE RIGHTS (DSYR), THROUGH RECREATIONAL ACTIVITIES.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHENING THE CAPACITIES AND SKILLS OF ADOLESCENTS AND YOUNG PEOPLE THROUGH INFORMED DECISION-MAKING IN THE EXERCISE OF SEXUAL AND REPRODUCTIVE RIGHTS, IN ADDITION TO THE IMPLEMENTATION OF STRENGTHENING PROCESSES WITH LOCAL ACTORS TO PROMOTE THE EXERCISE OF SEXUAL AND REPRODUCTIVE RIGHTS, PROMOTE THE BEHAVIOR IN SOCIAL PRACTICES AND HARMFUL BELIEFS, FOR THE PREVENTION OF TEENAGE PREGNANCY AT BOTH THE MUNICIPAL AND COMMUNITY LEVELS.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHENING THE ASSOCIATION OF WOMEN FOR RIGHTS IN GUANACASTE ON THE ISSUE OF SEXUAL AND REPRODUCTIVE RIGHTS FOR THE DEMAND OF RESPECTFUL, QUALITY SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR WOMEN, AND WITH CAPABILITIES FOR SOCIAL SURVEILLANCE AND AUDITING.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHENING KNOWLEDGE ABOUT COMPREHENSIVE SEXUAL EDUCATION WITH A GENDER AND HUMAN RIGHTS APPROACH, TO TEACHERS AND HEALTH PERSONNEL IN ORDER TO CONTRIBUTE TO IMPROVING ACCESS TO COMPREHENSIVE

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.

SEXUAL HEALTH SERVICES AND INFORMATION FOR WOMEN IN THE MUNICIPALITY OF

LA MUSICA, ATLANTIDA.

REGION: SOUTH AMERICA

(D) PURPOSE OF 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 CARIBBEAN

(D) PURPOSE OF GRANT: STRENGTHENING THE CAPACITIES OF THE LAS PIATERAS

NETWORK IN HONDURAS IN ORDER TO PROVIDE SAFE ACCOMPANIMENT TO WOMEN IN 8

MUNICIPALITIES IN THE COUNTRY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCORPORATE THE PRIVATE SECTOR PERSPECTIVE INTO

THE INTERVENTIONS IN KENYA AND PAKISTAN FOR WOMEN WHO SELF-MANAGE MA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: KAQCHIKEL AND MESTIZA MAYAN ADOLESCENTS AND YOUNG

PEOPLE STRENGTHENED WITH TECHNICAL AND POLITICAL TOOLS THAT ALLOW THEM TO

ACT AGAINST THE SEXIST SYSTEM FROM DIFFERENT SPACES OF PARTICIPATION,

WHICH ALLOW THE PROMOTION OF ADVOCACY AND COMMUNICATION ACTIONS FOCUSED

ON CHANGES SO THAT YOUNG WOMEN HAVE DECENT CONDITIONS FREE OF CULTURAL

PRACTICES, PREJUDICES, MYTHS, FUNDAMENTALISMS THAT AFFECT THEIR LIFE

PROJECTS.

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: RAISE AWARENESS AMONG ADOLESCENTS AND YOUNG PEOPLE THROUGH SOCIAL NETWORKS ABOUT THEIR SEXUALITY AND THE CORRECT USE OF CONTRACEPTIVE METHODS (CAM), PROMOTING AN ENVIRONMENT THAT FAVORS ACCESS TO THEM, AS WELL AS STRENGTHENING WORK IN SAFE ACCOMPANIMENT NETWORKS FOR MIGRANT WOMEN.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: IPAS IS SEEKING TO CONTRACT WITH HESPERIAN IN ORDER TO TRANSLATE AND LAUNCH THEIR CONTRACEPTION APP IN PORTUGUESE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TANGIBLE AI TO SUPPORT THE ANALYTICS DASHBOARD AND CHATBOT FOR THE DRC STARS IN GLOBAL HEALTH PROJECT.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

IPAS

Employer identification number
56-1071085

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NWHN (PLAN C) 1413 K STREET NW, #400 WASHINGTON, DC 20005	52-1081261	501(C)(3)	55,000.	0.	N/A	N/A	THIS CONTRIBUTION IS TO PROVIDE GENERAL SUPPORT TO IPAS.
ABORTION FREEDOM PARTNERSHIP 14435 C BIG BASIN WAY #106 SARATOGA, CA 95070	84-3867470	501(C)(3)	18,500.	0.	N/A	N/A	THIS CONTRIBUTION IS TO PROVIDE GENERAL SUPPORT TO IPAS.
SHOUT, LLC 1122 E PIKE STREET #919 SEATTLE, WA 98122	81-1522057		18,500.	0.	N/A	N/A	THIS CONTRIBUTION IS TO PROVIDE GENERAL SUPPORT TO IPAS.
NEO PHILANTHROPY, INC 1001 AVENUE OF THE AMERICAS, 12TH F NEW YORK, NY 10018	13-3191113	501(C)(3)	25,000.	0.	N/A	N/A	THIS CONTRIBUTION IS TO PROVIDE GENERAL SUPPORT TO IPAS.

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

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

IPAS'S STANDARD OPERATING PROCEDURES (SOPS) OUTLINE PROTOCOLS FOR PROJECT MONITORING, REPORTING, AND TRACKING OF AWARDED GRANTS. THE US-PROGRAM TEAM HAS ENGAGED WITH ORGANIZATIONS WORKING ON PROGRAMS RELATED TO ACCESS TO ABORTION CARE, SPECIFICALLY OUTREACH, EDUCATION, AND DISSEMINATION OF INFORMATION REGARDING THE SAFETY AND EFFECTIVENESS OF MEDICATION ABORTION. PROJECT MANAGERS, IN COORDINATION WITH THE IPAS'S PROCUREMENT ADMINISTRATOR, FINALIZE GRANT AGREEMENTS USING THE GRANT AGREEMENT TEMPLATE AND INTEGRATING THE PARTNERS' APPROVED SCOPE OF WORK AND BUDGET. ONCE THE

Part IV Supplemental Information

AGREEMENT IS EXECUTED, FUNDS ARE DISBURSED IN ACCORDANCE WITH ITS SPECIFIED

TERMS. PROJECT MANAGERS BEAR THE RESPONSIBILITY OF ENSURING RECIPIENTS'

COMPLIANCE WITH THE AGREEMENT TERMS. GRANTS AWARDED IN FY2023 WERE ONE-TIME

CONTRIBUTIONS INTENDED TO SUPPORT THE CORE WORK OF PARTNERS WITHOUT

SPECIFIC PROJECT DELIVERABLES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

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) 2022

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANURADHA KUMAR PRESIDENT & CEO	(i)	384,291.	21,289.	0.	18,300.	29,421.	453,301.
	(ii)	0.	0.	0.	0.	0.	0.
(2) SAMUEL KIMBALL EVP & CFO (THRU 11/2022)	(i)	174,493.	12,095.	108,628.	12,069.	23,931.	331,216.
	(ii)	0.	0.	0.	0.	0.	0.
(3) LISA SIMUTAMI EVP & COO	(i)	261,026.	13,882.	0.	17,297.	28,997.	321,202.
	(ii)	0.	0.	0.	0.	0.	0.
(4) KATHRYN ANDERSEN EVP & CHF SCIENTIFIC & TECH OFFICER	(i)	238,286.	13,426.	0.	15,346.	18,955.	286,013.
	(ii)	0.	0.	0.	0.	0.	0.
(5) MWADI MUKENGE - EVP & CHIEF OF DVLPMNT & EXTNL REL. (THRU 01/2023)	(i)	210,466.	11,662.	0.	13,422.	12,228.	247,778.
	(ii)	0.	0.	0.	0.	0.	0.
(6) BILL POWELL SENIOR MEDICAL SCIENTIST	(i)	194,953.	0.	0.	11,838.	12,679.	219,470.
	(ii)	0.	0.	0.	0.	0.	0.
(7) GUILLERMO ORTIZ-AVENDANO SENIOR MEDICAL ADVISOR	(i)	176,720.	0.	0.	10,900.	16,468.	204,088.
	(ii)	0.	0.	0.	0.	0.	0.
(8) LAURIE PARKER SENIOR PROGRAM DIRECTOR	(i)	175,677.	0.	0.	10,829.	20,335.	206,841.
	(ii)	0.	0.	0.	0.	0.	0.
(9) ASHA JACOB DIRECTOR OF HUMAN RESOURCES	(i)	162,969.	0.	0.	6,646.	11,710.	181,325.
	(ii)	0.	0.	0.	0.	0.	0.
(10) MARIA ANTONIETA ALCALDE CASTRO REGIONAL DIRECTOR, LAC	(i)	154,810.	0.	0.	9,262.	2,167.	166,239.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

SAMUEL KIMBALL RECEIVED A SEVERANCE PAYMENT OF \$108,628. THIS AMOUNT WAS

INCLUDED IN W-2 WAGES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization IPAS	Employer identification number 56-1071085
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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	865,000.	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 3 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

2022

Open to Public
Inspection

Name of the organization

IPAS

Employer identification number

56-1071085

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

THAT'S WHY WE WORK WITH PARTNERS ACROSS AFRICA, ASIA AND THE AMERICAS
TO ENSURE THAT REPRODUCTIVE HEALTH SERVICES, INCLUDING ABORTION AND
CONTRACEPTION, ARE AVAILABLE AND ACCESSIBLE TO ALL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDE CLINICAL GUIDANCE AND TOOLS, AND HELP KEEP CLINICS STOCKED WITH
NECESSARY SUPPLIES. WE DRAW ON DECADES OF EXPERIENCE HELPING NATIONAL
GOVERNMENTS DEVELOP GUIDELINES AND PROTOCOLS THAT IMPROVE THEIR HEALTH
SYSTEMS' ABILITY TO PROVIDE HIGH-QUALITY, ACCESSIBLE ABORTION CARE.

DURING THE COVID-19 PANDEMIC WE HAVE CHAMPIONED INNOVATIONS INCLUDING

CHATBOTS AND TELEMEDICINE SO THAT PEOPLE COULD ACCESS ABORTION AND
CONTRACEPTIVE CARE. WE ALSO DEVELOPED ONLINE TRAINING CURRICULA SO THAT
CLINICAL TRAINING OF HEALTH PROFESSIONALS COULD CONTINUE. IPAS

ADDRESSES THE COMPOUNDED BARRIERS TO COMPREHENSIVE SEXUAL AND
REPRODUCTIVE HEALTH FACED BY WOMEN AND GIRLS IN REFUGEE CAMPS OR WHO
ARE OTHERWISE DISPLACED. THIS INCLUDES IN PLACES AFFECTED BY CLIMATE

DISASTERS. SINCE WOMEN AND GIRLS ARE MOST AFFECTED BY CLIMATE CHANGE,

IPAS'S WORK TO PROMOTE WOMEN-LED CLIMATE JUSTICE AND REPRODUCTIVE

JUSTICE IS CENTRAL TO GLOBAL DEVELOPMENT AND STABILITY. WE CONDUCT

RESEARCH TO PROVIDE EVIDENCE TO ADVANCE THE ABORTION FIELD AND TO

EXPAND ACCESS TO SAFE ABORTION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990) 2022

Name of the organization IPAS	Employer identification number 56-1071085
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AT A NATIONAL LEVEL, WITHOUT HARMFUL BARRIERS THAT LIMIT ACCESS AND
 INDIVIDUAL DECISION-MAKING POWER. TO DO THIS, IPAS EDUCATES
 POLICYMAKERS, TRAINS POLICE AND LAWYERS ON HOW TO UPHOLD REPRODUCTIVE
 RIGHTS WITHIN LEGAL SYSTEMS, AND PARTNERS WITH DIVERSE LOCAL
 ORGANIZATIONS, ADVOCATES, MEDICAL ASSOCIATIONS, COMMUNITY GROUPS AND
 COALITIONS. WE SHARE AN ADVOCACY TOOLKIT FOR LOCAL GROUPS WORKING ON
 ABORTION RIGHTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ABORTION PROGRAMMING AND ADVOCACY TO WOMEN'S AND YOUTH ORGANIZATIONS.
 STIGMA SHAMES AND SILENCES WOMEN WHO SEEK ABORTIONS PLUS THEIR
 HEALTH-CARE PROVIDERS AND ANYONE ASSOCIATED WITH ABORTION AND IT
 CONTRIBUTES GREATLY TO THE INCIDENCE OF UNSAFE ABORTION. STIGMA LEADS
 SOME PEOPLE TO BELIEVE THAT ABORTION IS A RARE OCCURRENCE, OR THAT ONLY
 "CERTAIN TYPES OF WOMEN" HAVE ABORTIONS. BUT WE KNOW FROM OUR WORK
 AROUND THE WORLD THAT ABORTION STIGMA IS GLOBAL; WOMEN IN EVERY COUNTRY
 REGARDLESS OF THE LEGAL STATUS OF ABORTION ARE SHAMED FOR SEEKING OR
 FOR HAVING HAD AN ABORTION. AT IPAS, WE HAVE CONDUCTED RESEARCH IN
 GHANA, KENYA, MEXICO, NEPAL, UGANDA, AND ZAMBIA TO MEASURE STIGMA, AND
 WE HAVE CREATED STIGMA-REDUCTION PROGRAMS BASED ON THESE FINDINGS. WE
 ALSO PROVIDE TRAININGS TO HEALTH-CARE PROFESSIONALS THAT HELP THEM
 OVERCOME THE STIGMA SURROUNDING ABORTION AND TEACH THEM ABOUT
 ABORTION'S LEGAL STATUS.

IPAS WORKS WITH GLOBAL, NATIONAL, AND LOCAL INSTITUTIONS TO ADVOCATE
 FOR THE INCLUSION OF ACCURATE, NON-BIASED INFORMATION ON ABORTION IN
 COMPREHENSIVE SEXUALITY EDUCATION PROGRAMS. PLUS, WE SEEK TO HELP

Name of the organization IPAS	Employer identification number 56-1071085
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GOVERNMENTS UPHOLD THEIR OBLIGATION TO PROVIDE COMPREHENSIVE
INFORMATION ON SEXUAL AND REPRODUCTIVE HEALTH TO ALL YOUNG PEOPLE.

FROM OUR PROJECTS AROUND THE WORLD INCLUDING EDUCATING FEMALE FACTORY
WORKERS IN NEPAL AND MARGINALIZED STUDENTS IN MEXICO CITY ABOUT HOW TO
ACCESS SAFE, LEGAL ABORTION. IPAS KNOWS THAT A SUCCESSFUL COMPREHENSIVE
SEXUALITY EDUCATION PROGRAM MUST TRAIN KEY STAKEHOLDERS ESPECIALLY
TEACHERS, PARENTS, COMMUNITY MEMBERS AND LOCAL ORGANIZATIONS THAT WORK
WITH YOUTH.

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;
- D. ADOPT, AMEND, OR REPEAL THE ARTICLES OF INCORPORATION OR THE BYLAWS; OR
- E. TRANSACT ANY OTHER ACTIVITY WHICH THE BOARD OF DIRECTORS HAS PROHIBITED
OR IS ILLEGAL.

AS THE BOARD'S FIRST ORDER OF BUSINESS ALL EXECUTIVE COMMITTEE ACTIONS

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

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

Name of the organization IPAS	Employer identification number 56-1071085
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SURVEY FINDINGS. THE PROCESS IS CONDUCTED ON A BIENNIAL BASIS AND WAS LAST COMPLETED IN 2023 FOR FY23. 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	6,008,359.
MANAGEMENT AND GENERAL EXPENSES	1,796,908.
FUNDRAISING EXPENSES	16,434.
TOTAL EXPENSES	7,821,701.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,821,701.

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

Name of the organization IPAS	Employer identification number 56-1071085
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FOREIGN CURRENCY LOSS -1,968,518.

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

2022

Open to Public Inspection

Name of the organization

IPAS

Employer identification number
56-1071085

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WOMENCARE GLOBAL, LLC - 27-0789953 PO BOX 9990 CHAPEL HILL, NC 27515	IDENTIFY AND FUND WORTHY INVESTMENTS IN REPRODUCTIVE HEALTH TECHNOLOGIES	NORTH CAROLINA	58.	5,791, 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) 2022

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	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)				

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.**

▶ **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 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					
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 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	
1 Sales of inventory					
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7 Interest received					
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15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
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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.**

▶ **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 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	
1 Sales of inventory					
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3 Compensation received for certain services					
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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 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					
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 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
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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.**

▶ **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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 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)					

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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.**

▶ **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 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)					

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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 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					
(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 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					
(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)
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 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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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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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					
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20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					