

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
International Planned Parenthood Federation  
Western Hemisphere Region  
% CHRISTINE GARRISON  
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
125 Maiden Lane 9TH FL Suite 9TH F

City or town, state or province, country, and ZIP or foreign postal code  
New York, NY 10038

**D** Employer identification number  
13-1845455

**E** Telephone number  
(212) 248-6400

**G** Gross receipts \$ 56,053,510

**F** Name and address of principal officer:  
GISELLE CARINO  
125 MAIDEN LANE 9TH FL  
NEW YORK, NY 10038

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  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.IPPFWHR.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1954

**M** State of legal domicile: NY

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
IPPFWHR AIMS TO IMPROVE THE QUALITY OF LIFE OF INDIVIDUALS BY CAMPAIGNING FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGH ADVOCACY AND SERVICES.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	9
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	9
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	98
<b>6</b> Total number of volunteers (estimate if necessary)	6	22
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	29,096,927	37,499,737
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	589,653	189,219
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	371,798	480,817
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,058,378	38,169,773
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,719,957	19,214,505
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,978,281	9,159,567
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	110,000	180,793
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,223,088		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,006,329	6,187,995
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	30,814,567	34,742,860
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-756,189	3,426,913
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	89,454,688	101,490,785
<b>21</b> Total liabilities (Part X, line 26)	23,660,750	28,345,191
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	65,793,938	73,145,594

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2020-11-05

CHRISTINE GARRISON CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date

Check  if self-employed PTIN P00741491

Firm's name ▶ BDO USA LLP Firm's EIN ▶

Firm's address ▶ 100 PARK AVENUE  
NEW YORK, NY 100175001 Phone no. (212) 885-8000

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 **1** Briefly describe the organization's mission:

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 13,127,745 including grants of \$ 10,011,290 ) (Revenue \$ 0 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 6,551,434 including grants of \$ 3,386,225 ) (Revenue \$ 0 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 3,558,177 including grants of \$ 1,425,136 ) (Revenue \$ 0 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 7,505,586 including grants of \$ 4,391,854 ) (Revenue \$ 0 )

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial statements.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question is followed by a grid for 'Yes', 'No', or numerical answers.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTINE GARRISON 125 MAIDEN LANE 9TH FLOOR NEW YORK, NY 10038 (212) 214-0204

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GISELLE CARINO CEO and Regional Director	35.0 0.0			X				302,405	0	96,926
(2) CHRISTINE GARRISON CHIEF FINANCIAL OFFICER	35.0 0.0			X				195,581	0	78,909
(3) MARIA ANTONIETA ALCALD DIRECTOR OF ADVOCACY THRU 7/19	35.0 0.0					X		223,844	0	38,615
(4) Debora Diniz Deputy Regional Director	35.0 0.0			X				162,823	0	52,509
(5) VICENTE DIAZ Deputy Regional Director	35.0 0.0			X				158,102	0	51,168
(6) DANA ROGERS Chief Dev. & Strat. Ptp officer	35.0 0.0					X		140,202	0	67,280
(7) LESLIE VARKONYI Chief Information Officer	30.0 0.0					X		145,406	0	50,263
(8) Alejandra Meglioli Director of Programs	35.0 0.0					X		146,629	0	35,544
(9) Moira Mendoza DIR. OF ORG. learning & eval.	35.0 0.0					X		137,325	0	34,323
(10) JOVANA RIOS CISNERO BOARD Chairperson	1.0 0.0	X		X				0	0	0
(11) LIDIA CASAS VICE CHAIRPERSON	1.0 0.0	X		X				0	0	0
(12) DIANA BARCO President of the Region	1.0 0.0	X		X				0	0	0
(13) Dario Rosario VICE PRESIDENT OF THE REGION	1.0 0.0	X		X				0	0	0
(14) Roger McLean Treasurer	1.0 0.0	X		X				0	0	0
(15) Yolanda Jeronimo Secretary	1.0 0.0	X		X				0	0	0
(16) Adriana Mendoza BOARD MEMBER	1.0 0.0	X						0	0	0
(17) Kobe Smith BOARD MEMBER	1.0 0.0	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Donya Nasser ..... BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>							1,612,317	0		505,537

**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 ▶ 25

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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>	Yes	
<b>5</b> 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>		No

**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
Mal Warwick Associates Inc, 2550 Ninth Street BERKELEY, CA 94710	Consulting Services	1,122,952
TIAA CREF, 750 Third Avenue NEW YORK, NY 10017	Retirement fund	928,782
The 125 MAIDEN LANE CONDOMINIUM, 55 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10003	maintenance	320,310
CORPORATE POWER INC, 62 WILLIAM STREET 5TH FLOOR NEW YORK, NY 10005	SYSTEM SUPPORT	267,087
Stagwell Media, 1150 18th Street NW Suite 800 WASHINGTON, DC 20036	digital strategy	226,627

**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 ▶ 9



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	878,758				
	<b>e</b> Government grants (contributions)	<b>1e</b>	863,948				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	35,757,031				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	4,083,189				
	<b>h Total.</b> Add lines 1a-1f . . . . .			37,499,737			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .		0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		474,828			474,828	
	<b>4</b> Income from investment of tax-exempt bond proceeds		0				
	<b>5</b> Royalties . . . . .		0				
	<b>6a</b> Gross rents	(i) Real	<b>6a</b>	480,817			
			<b>6b</b> Less: rental expenses	0			
		(ii) Personal	<b>6c</b> Rental income or (loss)	480,817	0		
			<b>d</b> Net rental income or (loss) . . . . .		480,817		480,817
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	<b>7a</b>	17,598,128			
			<b>7b</b> Less: cost or other basis and sales expenses	17,883,737			
		(ii) Other	<b>7c</b> Gain or (loss)	-285,609			
			<b>d</b> Net gain or (loss) . . . . .		-285,609		-285,609
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>8a</b>	0			
			<b>8b</b> Less: direct expenses . . . . .	0			
		<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>	0			
			<b>9b</b> Less: direct expenses . . . . .	0			
		<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>	0			
<b>10b</b> Less: cost of goods sold . . . . .			0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>11a</b> Miscellaneous Revenue	Business Code						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue . . . . .						
	<b>e Total.</b> Add lines 11a-11d . . . . .		0				
<b>12 Total revenue.</b> See instructions . . . . .			38,169,773		670,036		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	656,890	656,890		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	18,557,615	18,557,615		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,098,422	471,764	626,658	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	6,163,191	4,490,170	625,801	1,047,220
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	458,218	346,509	26,683	85,026
<b>9</b> Other employee benefits . . . . .	957,128	715,422	72,526	169,180
<b>10</b> Payroll taxes . . . . .	482,608	335,044	75,179	72,385
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	61,801		61,801	
<b>c</b> Accounting . . . . .	132,375		132,375	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	180,793			180,793
<b>f</b> Investment management fees . . . . .	82,556		82,556	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,739,682	1,385,927	85,443	268,312
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	118,567	88,334	10,134	20,099
<b>14</b> Information technology . . . . .	304,119	214,183	25,761	64,175
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	472,077	332,472	39,988	99,617
<b>17</b> Travel . . . . .	1,329,086	1,205,794	13,744	109,548
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	403,761	269,435	56,292	78,034
<b>23</b> Insurance . . . . .	68,718	48,396	5,821	14,501
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER FUNDRAISING EXPENSES	932,078			932,078
<b>b</b> OTHER EXPENSES	408,194	253,760	72,314	82,120
<b>c</b> OVERHEAD ALLOCATED		1,236,246	-1,236,246	
<b>d</b> RESEARCH (SEE SCHEDULE O)	134,981	134,981		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	34,742,860	30,742,942	776,830	3,223,088
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	17,256,535	<b>1</b>	20,598,231
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	6,142,208	<b>3</b>	10,624,636
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> 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 . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	390,187	<b>7</b>	88,717
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	345,581	<b>9</b>	312,863
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	14,472,928		
	<b>b</b> Less: accumulated depreciation	4,018,678		
	<b>11</b> Investments—publicly traded securities . . . . .	34,814,122	<b>11</b>	37,513,325
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	223,655	<b>12</b>	289,457
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	19,575,756	<b>13</b>	21,591,984
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	6,258	<b>15</b>	17,322
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	89,454,688	<b>16</b>	101,490,785	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,068,979	<b>17</b>	2,106,766
	<b>18</b> Grants payable . . . . .	3,066,897	<b>18</b>	5,159,862
	<b>19</b> Deferred revenue . . . . .	847,045	<b>19</b>	728,285
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	16,526,614	<b>21</b>	19,162,605
	<b>22</b> 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,151,215	<b>25</b>	1,187,673
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	23,660,750	<b>26</b>	28,345,191
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	28,803,497	<b>27</b>	31,356,877
	<b>28</b> Net assets with donor restrictions . . . . .	36,990,441	<b>28</b>	41,788,717
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	65,793,938	<b>32</b>	73,145,594	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	89,454,688	<b>33</b>	101,490,785	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	38,169,773
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	34,742,860
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,426,913
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	65,793,938
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,018,831
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,905,912
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	73,145,594

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
<b>2a</b>			No
<b>2b</b>	Yes		
<b>2c</b>	Yes		
<b>3a</b>			No
<b>3b</b>			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1845455

**Name:** International Planned Parenthood Federation  
Western Hemisphere Region

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

DELIVER SERVICES DIRECTLY: DELIVER RIGHTS-BASED SERVICES, INCLUDING SAFE AND LEGAL ABORTION AND HIV SERVICES. MILLIONS OF WOMEN, MEN, AND YOUNG PEOPLE AROUND THE WORLD STILL LACK ACCESS TO HIGH-QUALITY, RIGHTS-BASED SEXUAL AND REPRODUCTIVE HEALTH SERVICES, INCLUDING SAFE AND LEGAL ABORTION AND HIV SERVICES. POOR QUALITY OF CARE CONTRIBUTES TO LOW UTILIZATION OF SERVICES, WHICH EXACERBATES POOR HEALTH AND MORTALITY RELATED TO SEX, REPRODUCTION, HIV, AND REPRODUCTIVE CANCERS. FOR MORE INFORMATION, SEE SCHEDULE O.

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**Form 990, Part III, Line 4b:**

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

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## **Form 990, Part III, Line 4c:**

*Advocacy: Galvanize commitment and secure legislative, policy, and regulatory improvements. Although many governments have made public statements in support of sexual and reproductive health and rights, and gender equality, many of them have failed to realize their commitments through supportive legislation, policy, and funding. IPPF/WHR will further invest in advocacy at all levels, including supporting Member Associations with capacity building, funding, and monitoring. IPPF/WHR will target key institutions, support and foster interested parliamentarians, engage with community and faith networks, and influence local regional and international processes.*

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
International Planned Parenthood Federation  
Western Hemisphere Region

**Employer identification number**  
13-1845455

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

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

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

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



**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	26,254,040	46,545,133	26,344,396	29,096,927	37,499,737	165,740,233
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4 Total.</b> Add lines 1 through 3	26,254,040	46,545,133	26,344,396	29,096,927	37,499,737	165,740,233
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						75,582,074
<b>6 Public support.</b> Subtract line 5 from line 4.						90,158,159

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . .	26,254,040	46,545,133	26,344,396	29,096,927	37,499,737	165,740,233
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	204,808	365,529	372,272	921,796	955,645	2,820,050
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .	7	0	0	0	0	7
<b>11 Total support.</b> Add lines 7 through 10						168,560,290

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

**13 First five 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**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	53.487 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	49.060 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five 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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b>	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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	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 <b>Part VI</b> 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>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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 <b>Part VI</b>.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	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 <b>Part VI</b>.</i>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b>	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>b</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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1845455

**Name:** International Planned Parenthood Federation  
Western Hemisphere Region

**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).

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization International Planned Parenthood Federation Western Hemisphere Region	<b>Employer identification number</b>  13-1845455
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

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

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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



**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	185,000	0												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	125,000	0												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	310,000	0												
<b>d</b> Other exempt purpose expenditures .....	30,432,942	0												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	30,742,942	0												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000	0												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0												
<b>j</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	94,277	223,037	384,000	310,000	1,011,314
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	53,100	90,855	198,000	185,000	526,955

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

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

**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.

Return Reference	Explanation
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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization International Planned Parenthood Federation Western Hemisphere Region

Employer identification number 13-1845455

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

Table with 2 columns: (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. Includes questions about donor notification and grant fund usage.

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

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

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

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

**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 are a 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 programs
  - 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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 in 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
<b>1a</b> Beginning of year balance . . . . .	10,620,626	10,272,465	5,791,059	5,651,913	5,702,898
<b>b</b> Contributions . . . . .	12,790	1,595,641	3,796,343		353,066
<b>c</b> Net investment earnings, gains, and losses	1,612,015	-862,172	950,456	295,513	-246,633
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	360,337	385,308	265,393	156,367	157,418
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	11,885,094	10,620,626	10,272,465	5,791,059	5,651,913

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 84.000 %
- b** Permanent endowment ▶ 0 %
- c** Temporarily restricted endowment ▶ 16.000 %

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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		12,966,075	2,746,153	10,219,922
<b>c</b> Leasehold improvements		26,116	26,116	0
<b>d</b> Equipment . . . . .		589,257	585,457	3,800
<b>e</b> Other . . . . .		891,480	660,952	230,528
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				10,454,250

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INTEREST IN THE IPPF WHR FUND	21,591,984	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	21,591,984	

**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)	
<b>Total.</b> (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	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,187,673

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	42,403,601
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	2,018,831
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	391,641
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,905,912
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,316,384
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	38,087,217
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	82,556
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	82,556
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	38,169,773

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	35,051,945
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	391,641
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	391,641
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	34,660,304
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	82,556
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	82,556
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	34,742,860

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1845455

**Name:** International Planned Parenthood Federation  
Western Hemisphere Region

## Supplemental Information

Return Reference	Explanation
CUSTODIAL ARRANGEMENTS	<p>SCHEDULE D, PART IV, LINE 2B At December 31, 2019, IPPFWHR held \$1,539,387 on behalf of IPPF for Cape Verde Funds. These funds, originally received by IPPF from the United States Agency for International Development (USAID) for Cape Verde Funds, are to be used as a quasi-endowment fund to provide a permanent source of financial support for family planning and sexual and reproductive health programs in Cape Verde, Africa. IPPFWHR has invested these funds on behalf of IPPF for Cape Verde Funds. In April 2005, APROFAM Association Pro-Bienestar de la Familia de Guatemala, a member association, designated IPPFWHR as its agent for the purpose of investing the APROFAM sustainability funds for its mission of providing quality family planning and reproductive and child health services to lower-income families in Guatemala. As agent, IPPFWHR shall have no liability to APROFAM for any actions or failure to act under the custodian agreement. IPPFWHR invested the APROFAM funds of \$7,593,524 in April 2005. At December 31, 2019, these funds were valued at \$17,623,218. No distributions were made during 2019.</p>



## Supplemental Information

Return Reference	Explanation
USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4: IPPFWHR has donor-restricted endowment FUNDS AND A BOARD-DESIGNATED ENDOWMENT FUND: THE ENDOWMENT FUND FOR SUSTAINABILITY (EFS) AND THE IPPFWHR BOARD ENDOWMENT FUND. THE EFS IS A donor-RESTRICTED FUND CREATED BY IPPFWHR AND USAID AS A SOURCE OF LOW-INTEREST LOANS AND GRANTS FOR INCOME-GENERATING AND SUSTAINABILITY EFFORTS OF IPPFWHR ASSOCIATIONS. THE FUND WAS ESTABLISHED BY THE IPPFWHR's BOARD OF DIRECTORS AS A MEANS TO ENHANCE THE SUSTAINABILITY OF THE REGIONAL OFFICE.

## Supplemental Information

Return Reference	Explanation
Uncertain Tax Positions	SCHEDULE D, PART X, LINE 2 IPPFWHR is not subject to income taxes, except to the extent it has taxable income from activities that are not related to its exempt purpose. IPPFWHR recognizes the effect of income tax positions only if those positions are more likely than not of being sustained.

# Supplemental Information

Return Reference	Explanation
RECONCILIATION OF REVENUE	SCHEDULE D, PART XI, LINE 2D: CHANGE IN INTEREST IN THE NET ASSETS OF THE IPPF WHR FUND: \$ 2,016,228 CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES: \$ (110,316) ----- TOTA L: \$ 1,905,912

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
International Planned Parenthood Federation  
Western Hemisphere Region

**Employer identification number**  
13-1845455

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in 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
See Add'l Data					
<b>3a</b> Sub-total . . . . .	0	9			20,179,225
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	0	9			20,179,225





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
MONITORING THE USE OF GRANTS	<p>SCHEDULE F, PART I, LINE 2 Member Association Core Grants IPPFWHR'S FOREIGN GRANTEEES ARE PRIMARILY AUTONOMOUS INTERNATIONAL PLANNED PARENTHOOD MEMBER ASSOCIATIONS IN THE WESTERN HEMISPHERE REGION. MEMBER ASSOCIATIONS ARE REQUIRED TO SUBMIT THE FOLLOWING: 1) ANNUAL PROGRAM BUDGET (APB) OUTLINING HOW THE OVERALL BUDGET WILL BE SPENT INCLUDING PROGRAM INFORMATION; 2) A SIGNED FUNDING AGREEMENT WITH SPECIFIC TERMS AND CONDITIONS; 3) AN ANNUAL REPORT THAT INCLUDES DETAILED FINANCIALS, AND PROGRAM, COMMODITIES AND SERVICE STATISTICS; 4) AN ANNUAL EXTERNAL AUDIT AND MANAGEMENT LETTER; AND 5) A MID YEAR REPORT. THESE REPORTS ARE COLLECTED AND REVIEWED BY IPPFWHR STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS. ALL GRANTS EXCLUDING MEMBER ASSOCIATION CORE GRANTS IPPFWHR'S FOREIGN GRANTEEES ARE PRIMARILY AUTONOMOUS INTERNATIONAL PLANNED PARENTHOOD MEMBER ASSOCIATIONS IN THE WESTERN HEMISPHERE REGION. MEMBER ASSOCIATIONS ARE REQUIRED TO SUBMIT THE FOLLOWING TO SUPPORT NON-member association CORE GRANTS: 1) ANNUAL PROGRAM BUDGET (APB) OUTLINING HOW THE OVERALL BUDGET WILL BE SPENT INCLUDING PROGRAM INFORMATION; 2) A SIGNED FUNDING AGREEMENT WITH SPECIFIC TERMS AND CONDITIONS; AND 3) AN ANNUAL REPORT THAT INCLUDES DETAILED FINANCIALS, AND PROGRAM AND SERVICE STATISTICS. THESE REPORTS ARE COLLECTED AND REVIEWED BY IPPFWHR STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS AND DONORS RULES &amp; REGULATIONS. NARRATIVES AND FINANCIALS SHOULD BE SUBMITTED TO IPPFWHR AS PER THE REPORTING SCHEDULE INCLUDED IN EACH AGREEMENT.</p>



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-1845455

**Name:** International Planned Parenthood Federation  
Western Hemisphere Region

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmaking		4,695,886
South America	0	0	Grantmaking		12,208,054

**Form 990 Schedule F Part I - Activities Outside The United States**

(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
North America	0	0	Grantmaking		1,609,960
Sub-Saharan Africa	0	0	Grantmaking		43,715

**Form 990 Schedule F Part I - Activities Outside The United States**

(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	4	Program Services	Technical Assistance	653,056
North America	0	5	Program Services	Technical Assistance	679,097

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Investments		289,457

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Operating Support	38,007	wire			
		Central America and the Caribbean	Operating Support	24,077	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Operating Support	99,232	wire			
		Central America and the Caribbean	Operating Support	60,044	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Operating Support	73,032	wire			
		Central America and the Caribbean	Operating Support	663,244	wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Operating Support	424,492	wire			
		Central America and the Caribbean	Operating Support	612,351	wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Operating Support	720,994	wire			
		Central America and the Caribbean	Operating	307,022	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Operating	138,322	Wire			
		Central America and the Caribbean	Operating	126,947	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Operating	298,152	Wire			
		Central America and the Caribbean	Operating	25,778	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Operating	189,242	Wire			
		Central America and the Caribbean	Operating	359,362	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Operating	290,524	Wire			
		Central America and the Caribbean	Operating	242,226	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		North America	Operating	1,609,960	Wire			
		South America	Operating	1,634,588	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	579,592	Wire			
		South America	Operating	3,727,642	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	348,022	Wire			
		South America	Operating	369,446	Wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	1,401,825	Wire			
		South America	Operating	170,691	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	1,168,235	Wire			
		South America	Operating	324,099	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	514,818	Wire			
		South America	Operating	276,183	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	90,198	Wire			
		South America	Operating	55,000	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	15,000	Wire			
		South America	Operating	498,774	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	621,866	Wire			
		South America	Operating	119,395	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	177,680	Wire			
		South America	Operating	15,000	Wire			

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	90,000	Wire			
		South America	Operating	10,000	Wire			



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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	Operating	17,013	Wire			
		Sub-Saharan Africa	Operating	26,702	Wire			

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
International Planned Parenthood Federation  
Western Hemisphere Region

**Employer identification number**  
13-1845455

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Mal Warwick Donor-Digital 1625 K Street NW Suite 300 Washington, DC 20006	MAIL AND ONLINE		No	3,370,258	180,793	3,189,465
<b>Total</b>				3,370,258	180,793	3,189,465

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

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

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

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

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ▶ .....

Address ▶ .....

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

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

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

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

Return Reference	Explanation
FUNDRAISING ACTIVITIES	SCHEDULE G, PART I, LINE 2B: DURING 2019, IPPFWHR PAID MAL WARWICK DONOR-DIGITAL A \$189,043 RETAINER FEE FOR PRINTING AND MAILING SERVICES, INCLUDING STRATEGY ON MAILINGS, AS REPORTED ON SCHEDULE G. IPPFWHR ALSO REIMBURSED MAL WARWICK DONOR-DIGITAL \$762,129 FOR COSTS RELATED TO DESIGN, PRINTING, FULFILLMENT, AND POSTAGE OF DIRECT MAIL CAMPAIGNS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization International Planned Parenthood Federation Western Hemisphere Region

Employer identification number 13-1845455

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2: IPPFWHR'S DOMESTIC GRANTEES ARE AUTONOMOUS 501(C)(3) NON PROFIT ORGANIZATIONS. DOMESTIC GRANTEES ARE REQUIRED TO SUBMIT THE FOLLOWING: 1) ANNUAL PROJECT BUDGET OUTLINING HOW OVERALL BUDGET WILL BE SPENT INCLUDING PROGRAM INFORMATION; 2) A SIGNED FUNDING AGREEMENT WITH SPECIFIC TERMS AND CONDITIONS; AND 3) AN ANNUAL REPORT THAT INCLUDES DETAILED FINANCIALS, PROGRAM, AND SERVICE STATISTICS. THESE REPORTS ARE COLLECTED AND REVIEWED BY IPPFWHR STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS AND DONORS RULES & REGULATIONS. NARRATIVES AND FINANCIALS SHOULD BE SUBMITTED TO IPPFWHR AS PER THE REPORTING SCHEDULE INCLUDED IN EACH AGREEMENT.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1845455  
**Name:** International Planned Parenthood Federation  
Western Hemisphere Region

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Families Planning Assoc of Puerto Rico PO Box 192221 San Juan, PR 00919	23-7034732	501(C)(3)	190,181				Reproductive Health
Center for Reproductive Rights 199 Water St New York, NY 10038	13-3669731	501(C)(3)	47,000				Reproductive Health

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Women's Link Worldwide 195 Plymouth St Brooklyn, NY 11201	03-0371141	501(C)(3)	175,361				Gender Equality
IPAS 300 Market St Chapel Hill, NC 27516	56-1071085	501(C)(3)	70,660				Reproductive Health



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Ibis Reproductive Health 2067 Mass Ave Cambridge, MA 02140	03-0382773	501(C)(3)	73,224				Reproductive Health
Engineers without Borders - USA 1031 33rd St Suite 210 Denver, CO 80205	84-1589324	501(C)(3)	100,000				meet basic human

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization International Planned Parenthood Federation Western Hemisphere Region	Employer identification number 13-1845455
--	--

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</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</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	<b>2</b>				
<p><b>3</b> Indicate which, if any, of the following the filing 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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>					
	<b>4a</b>	Yes			
	<b>4b</b>		No		
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>					
	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>					
	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>		No		
<p><b>8</b> 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 . . . . .</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>				

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GISELLE CARINO CEO and Regional Director	(i)	302,087	0	318	40,221	56,705	399,331	0
	(ii)	0	0	0	0	0	0	0
2 CHRISTINE GARRISON CHIEF FINANCIAL OFFICER	(i)	195,395	0	186	27,351	51,558	274,490	0
	(ii)	0	0	0	0	0	0	0
3 VICENTE DIAZ Deputy Regional Director	(i)	156,395	0	1,707	19,999	31,169	209,270	0
	(ii)	0	0	0	0	0	0	0
4 Debora Diniz Deputy Regional Director	(i)	162,611	0	212	21,102	31,407	215,332	0
	(ii)	0	0	0	0	0	0	0
5 Alejandra Meglioli Director of Programs	(i)	146,128	0	501	17,533	18,011	182,173	0
	(ii)	0	0	0	0	0	0	0
6 MARIA ANTONIETA ALCALDE DIRECTOR OF ADVOCACY THRU 7/19	(i)	93,844	0	130,000	11,152	27,463	262,459	0
	(ii)	0	0	0	0	0	0	0
7 DANA ROGERS Chief Dev. & Strat. Ptp officer	(i)	140,027	0	175	17,533	49,747	207,482	0
	(ii)	0	0	0	0	0	0	0
8 Moira Mendoza DIR. OF ORG. learning & eval.	(i)	137,217	0	108	16,323	18,000	171,648	0
	(ii)	0	0	0	0	0	0	0
9 LESLIE VARKONYI Chief Information Officer	(i)	143,882	0	1,524	18,030	32,233	195,669	0
	(ii)	0	0	0	0	0	0	0

**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.

Return Reference	Explanation
Part I, Line 4a:	MARIA ANTONIETA ALCALDE, DIRECTOR OF ADVOCACY THRU 7/19, RECEIVED SEVERANCE PAYMENT OF \$130,000 DURING 2019 WHICH IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
International Planned Parenthood Federation  
Western Hemisphere Region

Employer identification number  
13-1845455

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	34	4,083,189	market quotation
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
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.

Return Reference	Explanation
PART I, COLUMN (B):	THE FILING ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**  
  
Department of the Treasury

**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
International Planned Parenthood Federation  
Western Hemisphere Region

**Employer identification number**  
  
13-1845455

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART I, LINE 1 &amp; Part III, Line 1:</p>	<p>IPPFWHR AIMS TO IMPROVE THE QUALITY OF LIFE OF INDIVIDUALS BY campaigning FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS THROUGH ADVOCACY AND SERVICES, ESPECIALLY FOR POOR AND VULNERABLE PEOPLE. WE DEFEND THE RIGHT OF ALL YOUNG PEOPLE TO ENJOY THEIR SEXUAL LIVES FREE FROM ILL HEALTH, UNWANTED PREGNANCY, VIOLENCE AND DISCRIMINATION. WE SUPPORT A WOMAN'S RIGHT TO CHOOSE TO TERMINATE HER PREGNANCY LEGALLY AND SAFELY. WE STRIVE TO ELIMINATE SEXUALLY TRANSMITTED INFECTIONS AND REDUCE THE SPREAD AND IMPACT OF HIV/AIDS. FORM 990, PART III, LINES 4A-4D: International Planned Parenthood Federation Western Hemisphere Region, Inc. (IPPFWHR), a not-for-profit corporation exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code, was established in 1954 to promote sexual and reproductive health, including family planning, in the Western Hemisphere. IPPFWHR is a membership organization. Its members are independent non-governmental national organizations in North and Latin America and the Caribbean that work in the sexual and reproductive health and rights field. Members elect the IPPFWHR Board of Directors which rotate every three years. The Board of Directors is comprised of representatives from the membership and other directors elected at-large. While IPPFWHR is an independent legal entity, it functioned as a regional partner of International Planned Parenthood Federation, headquartered in London England until August 31, 2020. IPPFWHR spearheads evidence-based research initiatives on sexual and reproductive health and rights including gender-based violence, contraceptive access, legal abortion, comprehensive sexuality education, and more. The Statement of Functional Expenses, Form 990, Part IX, includes an expense item for research of \$134,981 which reflects the consultant and travel costs related to these research initiatives. This total does not include grants to partners or personnel costs as they are required to be reflected in lines 1-10 on the Statement of Functional Expenses. The total amount IPPFWHR invested in research initiatives including grants to partners and personnel costs is \$613,897. IPPFWHR supports and coordinates sexual and reproductive health, including family planning activities carried out by 37 autonomous national Member Associations (MAs) in the Western Hemisphere, and a number of other nonprofit organizations including Federacin Internacional de la Planeacin Familiar Mexico, A.C. (Mexico), a Mexican entity formed in 2017. IPPFWHR paid Mexico consulting expenses related to carrying out the Organizations mission. IPPFWHR also provides financial and technical assistance and advisory services to these organizations. The IPPFWHR FUND, a not-for-profit corporation, was formed exclusively for charitable purposes. Mexican entity formed in 2017. IPPFWHR paid Mexico consulting expenses related to carrying out the Organizations mission. IPPFWHR also provides financial and technical assistance and advisory services to these</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART I, LINE 1 & Part III, Line 1:	organizations. The IPPF WHR FUND, a not-for-profit corporation, was formed exclusively for charitable purposes. IPPFWHR also works with IPPF Canada an independent entity with a majority of independent board members. The entity was established in 2018 to further the impact of SRHR. In 2018, IPPFWHR became a founding member and 20% equity partner in a newly formed for-profit entity, IPPFWHR Innova, S.A. (Innova) with a payment of \$200,000. The entity was established with IPPFWHR member associations to provide access to family planning and reproductive health products.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>IPPFWHR activities respond to the IPPFWHR Board approved</p>	<p>strategic framework for 2015-2022 and contribute to the global strategic framework of IPPF . The Strategic Framework 2015-2022 is a bold and aspirational vision of what IPPF/London plans to achieve and how IPPFWHR will achieve it, over the next four years. It is the culmination of an extensive global consultative process involving MAs, partners, and donors, and was approved by IPPF/London's highest decision-making body, the Governing Council, in November 2014. IPPFWHR's strategy responds to social, political, and demographic global trends . These include the expectations and potential of the largest ever generation of young people; ongoing, significant social and economic inequalities, including discrimination against girls and women; and opposition that threatens gains in human rights. It is also guided by evaluations and analyses of IPPFWHR's work strengths, weaknesses, capacities, resources , and networks. The resource allocation will respond to the priority objectives of the IPP FWHR implementation plan. IPPF's most recent Strategic framework covers the period of 2016 to 2022. IPPFWHR implementation plan was created to guide the first four years of work. In 2019, IPPF conducted a mid-term review of the framework and the recommendations will be embedded in the implementation plan for the last three years of the plan(2020-2022). IPPFW HR separated from IPPF on August 31, 2020 and will determine if any changes are needed in the strategic framework used going forward. Advocacy is priority objective one: Galvanize commitment and secure legislative, policy, and regulatory improvements. Although many governments have made public statements in support of sexual and reproductive health and rights, and gender equality, many of them have failed to realize their commitments through supportive legislation, policy, and funding. IPPFWHR will further invest in advocacy at all levels, including supporting Member Associations with capacity building, funding, and monitoring. IPPFWHR will target key institutions, support and foster interested parliamentarians , engage with community and faith networks, and influence local regional and international processes. ENGAGE LEADERS IS PRIORITY OBJECTIVE TWO: ENGAGE WOMEN AND YOUTH LEADERS AS ADVOCATES FOR CHANGE. THE DENIAL OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AFFECTS WOMEN AND YOUNG PEOPLE DISPROPORTIONATELY, SO IT IS IMPORTANT THEY HAVE THE OPPORTUNITY TO BE AT THE FOREFRONT OF EFFORTS TO SECURE POLICY AND PRACTICE CHANGE FROM GOVERNMENTS. IPPFWHR WILL STRENGTHEN ITS LINKS WITH YOUTH AND WOMEN'S ORGANIZATIONS AND PROVIDE PATHWAYS FOR WOMEN AND YOUNG LEADERS - PARTICULARLY GIRLS - WITHIN IPPF/LONDON. THESE PROGRAMS WILL BE DESIGNED IN-COUNTRY AND WILL AIM TO ENGAGE SOCIALLY EXCLUDED INDIVIDUALS, WHO MAY NOT TYPICALLY BE INVOLVED. PROGRAMS WILL PROMOTE MALE INVOLVEMENT IN SRHR, AND ADDRESS ISSUES RELATED TO MASCULINITY, GENDER, AND SEXUALITY. IPPFWHR WILL FURTHER PROVIDE RESOURCES TO ITS YOUTH NETWORKS TO ENSURE GREATER CO</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>IPPFWHR activities respond to the IPPFWHR Board approved</p>	<p>ORDINATION AND COLLABORATION. Comprehensive sexuality education is priority objective three: Enable young people to access comprehensive sexuality education and realize their sexual rights. Data show that demand for sexual and reproductive health services and information among young people - the largest generation of young people ever - is already outstripping supply. IPPFWHR knows that young people who are able to exercise their sexual rights, including by accessing services, have the potential to be agents of change by challenging prejudices and social norms, contributing to public health and development. IPPFWHR will transition from a youth-friendly to a youth-centered organization by prioritizing and scaling up comprehensive sexuality education, which seeks to equip young people with skills, knowledge, and values to determine and enjoy their sexuality and protect their health; and focusing on interventions for the most marginalized youth, in and out of school. Media and public opinion is priority objective four: Engage champions, opinion formers, and the media to promote health, choice, and rights. The impetus for major change in favor of sexual and reproductive health and rights often stems from changes in public attitudes and opinions. Mechanisms such as public campaigns are instrumental for raising awareness, promoting understanding, AND MOBILIZING PUBLIC SUPPORT. IPPFWHR WILL implement public campaigns to raise awareness of sexual and reproductive health and rights issues and generate support, with integrated communications strategies and the involvement of public-facing champions, opinion formers, and media outlets. IPPFWHR will develop adaptable content, featuring personal testimonies, and deliver it through a variety of formats, including traditional and social media. This work will be embedded as a core part of what IPPFWHR does. Deliver services directly is priority objective five: Deliver rights-based services, including safe and legal abortion and HIV services. Millions of women, men, and young people around the world still lack access to high-quality, rights-based sexual and reproductive health services, including safe and legal abortion and HIV services. Poor quality of care contributes to low utilization of services, which exacerbates poor health and mortality related to sex, reproduction, HIV, and reproductive cancers. People in humanitarian settings also face serious barriers to services. IPPFWHR will ensure that all its service outlets provide high-quality services: they must not only provide a minimum, integrated package, but must also be client-centered, rights-based, youth friendly, and gender sensitive. Enable services is priority objective six: Enable services through public and private health providers. With an increasing number of health providers offering sexual and reproductive health services, IPPFWHR Member Associations have a distinct role in providing technical assistance. IPPFWHR can ensure that services are res</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
IPPFWHR activities respond to the IPPFWHR Board approved	<p>ponsive to the local community, are client-centered, and provide rights-based, supportive care to all. IPPFWHR will develop new formal partnerships with public and private providers. IPPFWHR will deliver pre- and in-service training for medical personnel and integrated sexual and reproductive health services in partner facilities, and strengthen supply chain management and quality of care. Institutional development is priority objective seven: Enhance operational effectiveness and double national and global income. IPPFWHR is committed and has an ethical obligation to make the most of its resources and to be flexible and responsive to changing political and economic contexts. To maximize the number of people IPPFWHR can serve, it needs to increase its operational effectiveness. IPPFWHR remains relevant, responsible, and efficient in how it seeks funding, translates it into development outcomes, and sustains services to meet demand. IPPFWHR is evolving its operations and financial structures to incorporate diverse business models that are fit for purpose in each of the specific contexts IPPFWHR works. IPPFWHR will ensure ongoing funding for its services by supporting Member Associations to develop social enterprises; recruiting and retaining staff and volunteers that bring business planning, market analysis, communications, and performance management skills; and strengthening financial and performance management at all levels. Volunteers and supporters is priority objective eight: Grow IPPFWHRs volunteer and activist supporter base. IPPFWHRs work is demanded and delivered by communities: This grassroots support gives legitimacy and is the foundation of IPPFWHRs political advocacy. Opposition groups, a vocal minority in many places, threaten the gains that the sexual and reproductive health and rights movement has achieved, and there is now a need to grow and lead the volunteer and activist supporter base for sexual and reproductive health and rights at local levels to present a clear, alternative voice to groups that do not support sexual and reproductive rights.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4D:	OTHER PROGRAM SERVICE EXPENSES OF \$7,505,586 INCLUDING GRANTS OF \$4,391,854, ARE ATTRIBUTABLE TO THE FOLLOWING PROGRAMS: - Engage Leaders: Expenses \$550,467 INLCUDING GRANTS OF \$103,990 - Comprehensive sexuality education: Expenses \$2,073,429 INLCUDING GRANTS OF \$1,538,771 - MEDIA AND PUBLIC OPINION: Expenses \$1,330,340 INLCUDING GRANTS OF \$460,693 - ENABLE SERVICES: Expenses \$2,177,358 INLCUDING GRANTS OF \$1,695,637 - VOLUNTEERS AND SUPPORTERS: Expenses \$1,368,411 INLCUDING GRANTS OF \$587,182 - OTHER: Expenses \$5,581 INLCUDING GRANTS OF \$5,581 - OTHER: Expenses \$5,581 INLCUDING GRANTS OF \$5,581

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, line 4:	<p>Amendments made to IPPFWHR Bylaws, as approved by the Regional Governing Council in November 2019: - Introduction of the objectives section was updated to include a broader vision of the organization - The powers and duties of the Board of Directors are updated to reflect the new governance structure and business and funding model - The composition of the Board of Directors is modified - New Board staggered election mechanism was introduced, to ensure more participation - The number of meetings of the Board of Directors is increased - The quorum of Directors is clarified, based on the new number of directors - New terms of engagement with Partner Organizations are defined - A Partner Forum is established to promote exchange of best practices, expertise, and information - The Advisory Committee to the Partner Forum is established, which will serve as a liaison between Partner Organizations and the Board of Directors - The functions and activities, and the composition of the committees of the Board are updated - The tasks of the Secretary of the Board are redefined - The line of report of the CEO/Regional Director is updated - The definition of "Independent Directors" is included, to comply with requirements of the New York State Not-for-Profit Corporation Law - The pathway to amend the bylaws is updated, to reflect the new governance structure and the new business and funding model</p> <p>FORM 990, PART VI, LINE 6 AND 7A: While IPPFWHR is an independent legal entity, it functioned as a regional partner of International Planned Parenthood Federation, headquartered in London England until August 31, 2020. IPPFWHR SUPPORTS AND COORDINATES SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING, ACTIVITIES CARRIED OUT BY 37 AUTONOMOUS NATIONAL MEMBER ASSOCIATIONS (MAS) IN THE WESTERN HEMISPHERE AND A NUMBER OF OTHER NONPROFIT ORGANIZATIONS, AND ALSO PROVIDES FINANCIAL AND TECHNICAL ASSISTANCE AND ADVISORY SERVICES TO THESE ORGANIZATIONS. THE MAS SEND DELEGATES TO THE REGIONAL COUNCIL MEETING EVERY 18 MONTHS. EVERY THREE YEARS, THEY ELECT THE IPPFWHR REGIONAL BOARD OF DIRECTORS. DECISIONS MADE BY THE BOARD ARE NOT SUBJECT TO APPROVAL BY INDIVIDUAL MAS.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 11B:	THE ORGANIZATION'S FORM 990 IS INITIALLY PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE DEPARTMENT IN CONSULTATION WITH THE ORGANIZATION'S STAFF. THE FINANCE DEPARTMENT AND THE ORGANIZATION'S CEO AND REGIONAL DIRECTOR THEN REVIEW AND APPROVE THE DRAFT RETURN. THE DRAFT RETURN IS THEN PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 12C:	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE. DIRECTORS ARE REQUIRED TO CONFIRM THEIR COMPLIANCE PERIODICALLY. ALL NEW EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE, AT THE TIME OF HIRING, TO HUMAN RESOURCES DISCLOSING ANY OUTSIDE AFFILIATIONS. IN ADDITION, DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE TO HUMAN RESOURCES ANY OUTSIDE AFFILIATIONS OR POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE THROUGHOUT THE YEAR. HUMAN RESOURCES AND THE BOARD OF DIRECTORS REVIEW THE OUTSIDE AFFILIATIONS TO DETERMINE IF THERE ARE ANY POTENTIAL CONFLICTS OF INTEREST OR VIOLATIONS OF THE CONFLICT OF INTEREST POLICY. IF SO, APPROPRIATE ACTION IS TAKEN TO RESOLVE ANY SUCH CONFLICTS OR VIOLATIONS, INCLUDING CAUSING A DIRECTOR TO RECUSE HIMSELF OR HERSELF FROM DISCUSSION AND VOTING ON THE ISSUE, AND CAUSING AN EMPLOYEE TO TERMINATE HIS/HER OUTSIDE AFFILIATION OR TAKING APPROPRIATE DISCIPLINARY ACTION.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINES 15A AND 15B:	THE INDEPENDENT BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL - THE ceo and REGIONAL DIRECTOR. THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY IN PLACE, AND NO DIRECTOR WHO HAS A CONFLICT OF INTEREST IS PERMITTED TO PARTICIPATE IN THE DISCUSSION OR VOTE ON THE ceo and REGIONAL DIRECTOR'S COMPENSATION. THE COMPENSATION DETERMINATION IS DOCUMENTED CONTEMPORANEOUSLY IN THE ORGANIZATION'S RECORDS. COMPENSATION FOR ALL OTHER EMPLOYEES IS SET BY THE ceo and REGIONAL DIRECTOR WITH THE ASSISTANCE OF THE HUMAN RESOURCES DEPARTMENT. VARIOUS SOURCES OF COMPARABILITY DATA ARE TAKEN INTO ACCOUNT IN DETERMINING COMPENSATION, TO ENSURE THAT EMPLOYEES ARE GENERALLY PAID WITHIN THE RANGE OF THE GOING MARKET RATE FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Lines 18 and 19:	IPPFWHR's Audited Financial Statements and 990 Tax Returns are made available to the public through our website <a href="http://www.ippfwhr.org">www.ippfwhr.org</a> . In addition, UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS. Form 990, Part IX, Line 24d: THE STATEMENT OF FUNCTIONAL EXPENSES INCLUDES AN EXPENSE ITEM FOR RESEARCH OF \$134,981 WHICH REFLECTS THE CONSULTANT AND TRAVEL COSTS RELATED TO THESE RESEARCH INITIATIVES. THIS TOTAL DOES NOT INCLUDE GRANTS TO PARTNERS OR PERSONNEL COSTS AS THEY ARE REQUIRED TO BE REFLECTED IN LINES 1-10 ON THE STATEMENT OF FUNCTIONAL EXPENSES. THE TOTAL AMOUNT IPPFWHR INVESTED IN RESEARCH INITIATIVES INCLUDING GRANTS TO PARTNERS AND PERSONNEL COSTS IS \$613,897.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CHANGE IN INTEREST IN THE NET ASSETS OF THE IPPF WHR FUND: \$ 2,016,228 CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES: \$ (110,316) ----- TOTAL LINE 9: \$1,905,912

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
International Planned Parenthood Federation  
Western Hemisphere Region

**Employer identification number**

13-1845455

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

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

**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
<b>(1)</b> THE IPPF WHR FUND 125 MAIDEN LANE 9TH FLOOR  NEW YORK, NY 10038 20-2561205	Support	DE	501(C)(3)	12	IPPFWHR	Yes	
<b>(2)</b> IPPF Canada 199 Bay Street Suite 4000 Toronto, Ontario M5L 1A9 CA	CHARITABLE	CA			IPPFWHR	Yes	

**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.

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

**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) THE IPPF WHR FUND	C	878,758	cost



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>