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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012</b>		<b>D Employer identification number</b>	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		56-1071085	
<b>C</b> Name of organization IPAS		<b>E Telephone number</b>	
Doing Business As		(919) 967-7052	
Number and street (or P O box if mail is not delivered to street address) PO BOX 9990		<b>G</b> Gross receipts \$ 68,252,230	
Room/suite			
City or town, state or country, and ZIP + 4 CHAPEL HILL, NC 27515			
<b>F</b> Name and address of principal officer THOMAS HILL PO BOX 9990 CHAPEL HILL, NC 27515		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J Website:</b> WWW.IPAS.ORG			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SUPPORT WOMEN'S ACCESS TO SAFE ABORTION CARE AND ADVOCATE FOR REPRODUCTIVE RIGHTS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	12
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	144
	6 Total number of volunteers (estimate if necessary) . . . . .	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 49,248,655	Current Year 47,957,370
	9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	180,236	178,215
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,179,468	26,524
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	50,608,359	48,162,109
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	924,822
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		20,640,311	19,167,316
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0	0
b Total fundraising expenses (Part IX, column (D), line 25) <u>1,665,527</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		21,958,590	25,571,967
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		43,523,723	48,756,183
19 Revenue less expenses Subtract line 18 from line 12 . . . . .		7,084,636	-594,074
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	44,436,171	37,743,971
	21 Total liabilities (Part X, line 26) . . . . .	15,255,813	11,983,134
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	29,180,358	25,760,837

## 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.

<b>Sign Here</b>	***** Signature of officer			2013-02-14 Date	
	THOMAS HILL CHIEF FINANCIAL OFFICER Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	MARTIN MAUCH	Date 2013-02-14	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00764633
	Firm's name (or yours if self-employed), address, and ZIP + 4	TAIT WELLER & BAKER LLP 1818 MARKET STREET SUITE 2400 PHILADELPHIA, PA 19103			EIN 23-1144520
					Phone no (215) 979-8800

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 to any question in this Part III

1

Briefly describe the organization’s mission

IPAS WORKS AROUND THE WORLD TO INCREASE WOMEN'S ABILITY TO EXERCISE THEIR SEXUAL AND REPRODUCTIVE RIGHTS, ESPECIALLY THE RIGHT TO SAFE ABORTION WE EXPAND WOMEN'S ACCESS TO COMPREHENSIVE REPRODUCTIVE HEALTH CARE, INCLUDING ABORTION WE STRIVE (CONTINUED ON SCHEDULE O) TO FOSTER A LEGAL, POLICY AND SOCIAL ENVIRONMENT THAT SUPPORTS WOMEN MAKING THEIR OWN SEXUAL AND REPRODUCTIVE HEALTH DECISIONS FREELY AND SAFELY ON AVERAGE, 46 MILLION TIMES A YEAR, WOMEN DECIDE THEY CANNOT CONTINUE THEIR PREGNANCIES AND SEEK ABORTIONS AN ESTIMATED 21 MILLION OF THOSE ABORTIONS ARE UNSAFE, RESULTING IN ABOUT 47,000 DEATHS EACH YEAR - OVER HALF A MILLION WOMEN HAVE DIED IN THE LAST DECADE ALONE, AND MILLIONS MORE HAVE BEEN INJURED

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 and section 4947(a)(1) trusts 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 \$ 21,134,560 including grants of \$ 1,796,102 ) (Revenue \$ )

ENHANCED HEALTH SYSTEM ACCESS COMPREHENSIVE ABORTION CARE (CAC), INCLUDING CONTRACEPTION, IS INTEGRATED INTO ORGANIZED HEALTH SYSTEMS AND UTILIZED BY WOMEN THROUGHOUT FY12, IPAS CONTINUED TO PLAY A GLOBAL LEADERSHIP ROLE SUPPORTING PARTNERS AROUND THE WORLD IN EXPANDING ACCESS TO COMPREHENSIVE ABORTION CARE WHICH INCLUDES TREATMENT OF COMPLICATIONS FROM UNSAFE ABORTION, PROVISION OF FAMILY PLANNING, PROVISION OF SAFE ABORTION CARE AS A RESULT, MORE WOMEN ARE GETTING THE CARE THEY NEED, QUALITY OF CARE IS HIGH, AND ABORTION SERVICES ARE AVAILABLE MORE OFTEN IN WOMEN'S COMMUNITIES FOLLOWING ARE SELECTED KEY RESULTS IN ENHANCING HEALTH SYSTEM ACCESS (CONTINUED ON SCHEDULE O)\*207,033 WOMEN RECEIVED SAFE ABORTION CARE IN 1,828 FY12 IPAS INTERVENTION SITES IN 17 COUNTRIES WHERE IPAS TRAINED HEALTH PROVIDERS, PROVIDED TECHNICAL ASSISTANCE, AND SUPPORTED INFRASTRUCTURE UPGRADES \*99% OF FIRST-TRIMESTER INDUCED ABORTIONS PROVIDED TO WOMEN IN IPAS INTERVENTION SITES IN 17 COUNTRIES WERE PERFORMED WITH WORLD HEALTH ORGANIZATION RECOMMENDED TECHNOLOGIES MANUAL VACUUM ASPIRATION (MVA), ELECTRIC VACUUM ASPIRATION (EVA), MEDICAL ABORTION (MA) WITH MISOPROSTOL ALONE, AND MA WITH MIFEPRISTONE/MISOPROSTOL THESE METHODS ARE SAFER, HAVE FEWER SIDE EFFECTS, AND COST LESS THAN SHARP CURRETAGE \*85% OF THE WOMEN RECEIVING ABORTION PROCEDURES AT IPAS INTERVENTION SITES RECEIVED A MODERN CONTRACEPTIVE METHOD BEFORE DISCHARGE \*WOMENCARE GLOBAL, A KEY IPAS PROVIDER IN OUR EFFORTS TO ACHIEVE SUSTAINABLE SUPPLIES OF ABORTION TECHNOLOGIES AND CONTRACEPTIVE COMMODITIES, DISTRIBUTED 199,249 MVA ASPIRATORS AND 2,276,084 CANNULAE GLOBALLY

4b

(Code ) (Expenses \$ 9,461,033 including grants of \$ 847,856 ) (Revenue \$ )

INCREASED COMMUNITY ACCESS WOMEN HAVE KNOWLEDGE, SKILLS, SOCIAL SUPPORT, AND SOURCES OF CARE IN THEIR COMMUNITIES TO MAKE AND ACT UPON THEIR REPRODUCTIVE DECISIONS IPAS BUILDS WOMEN'S AND COMMUNITY LEADERS' CAPACITY TO ADDRESS STIGMA, DISCRIMINATION, POWER IMBALANCES AND THE MARGINALIZATION OF WOMEN - ALL OF WHICH CONTRIBUTE TO POOR REPRODUCTIVE HEALTH OUTCOMES AND LIMIT WOMEN'S ACCESS TO QUALITY SERVICES WE ALSO SUPPORT COMMUNITY-LED SOLUTIONS TO THE PROBLEMS OF UNSAFE ABORTION AND OTHER PUBLIC HEALTH ISSUES OUR COMMUNITY STRATEGIES INCLUDE EFFORTS TO EXPAND WOMEN'S - PARTICULARLY YOUNG WOMEN'S - KNOWLEDGE, SKILLS AND ABILITY TO PREVENT UNWANTED PREGNANCIES AND ACCESS SAFE ABORTIONS, IDENTIFY AND MITIGATE BARRIERS TO ABORTION INFORMATION AND CARE, (CONTINUED ON SCHEDULE O) STRENGTHEN COMMUNITIES' ABILITY TO PREVENT UNWANTED PREGNANCIES, DECREASE UNSAFE ABORTIONS AND INCREASE ACCESS TO COMPREHENSIVE ABORTION INFORMATION, CARE AND SERVICES AS A BASIC HUMAN RIGHT IN FY12 \*IPAS-SUPPORTED INTERVENTIONS TO PROMOTE WOMEN'S KNOWLEDGE, SKILLS, SOCIAL SUPPORT AND ABILITY TO OBTAIN SAFE ABORTION CARE REACHED 83,339 WOMEN IN 16 COUNTRIES, IN COLLABORATION WITH 81 COMMUNITY GROUPS \*IN INDIA, FOR EXAMPLE, WOMEN RECEIVE MOST OF THEIR REPRODUCTIVE-HEALTH INFORMATION THROUGH PERSONAL COMMUNICATION FOR THIS REASON, TRAINING COMMUNITY HEALTH INTERMEDIARIES IS ONE OF THE MOST EFFECTIVE WAYS TO LINK WOMEN TO CARE AND INFORMATION AUXILIARY NURSE MIDWIVES (ANM) AND TRADITIONAL BIRTH ATTENDANTS (TBA) IN INDIA WORK CLOSELY WITH WOMEN IN THEIR COMMUNITIES AND, WHEN GIVEN ACCURATE TRAINING ON HOW TO TALK ABOUT SAFE ABORTION AND REFERRAL SITES, THEY CAN SAVE LIVES IN ADDITION TO TRAINING MORE THAN 1,054 COMMUNITY HEALTH WORKERS IN THE STATES OF BIHAR AND JHARKHAND DURING FY12, OUR STAFF DEVELOPED LEAFLETS AND POSTERS ABOUT SAFE ABORTION CARE FOR ANM AND TBA TO SHARE WITH WOMEN AND MEN, ESPECIALLY IN RURAL AREAS ORIENTATION OF HEALTH WORKERS IS AN IMPORTANT COMPONENT OF OUR BEHAVIOR CHANGE COMMUNICATION STRATEGY, WHICH FOCUSES ON DEVELOPING EFFECTIVE REFERRAL POINTS THAT ENABLE WOMEN TO ACCESS CAC

4c

(Code ) (Expenses \$ 7,008,281 including grants of \$ 231,599 ) (Revenue \$ )

IMPROVED POLICY ENVIRONMENT THE POLICY, LEGISLATION AND RIGHTS ENVIRONMENT SUPPORTS ACCESS TO COMPREHENSIVE ABORTION CARE AND PREVENTION OF UNWANTED PREGNANCY IPAS SUPPORTS THE RIGHT OF EACH WOMAN TO CONTROL HER OWN SEXUALITY, FERTILITY, HEALTH AND WELL-BEING TO ENABLE WOMEN TO MAKE THESE PERSONAL DECISIONS, IPAS WORKS WITH ADVOCATES AND POLICYMAKERS AROUND THE WORLD TO IMPLEMENT LAWS AND POLICIES THAT SUPPORT THAT RIGHT WHERE LAWS RESTRICT ABORTION OR WHERE SERVICES ARE LIMITED, WOMEN OFTEN RISK THEIR LIVES TO END UNWANTED PREGNANCIES \*IPAS HELPED INFLUENCE THE COMMITMENT OF NINE GOVERNMENTS TO PURCHASE MVA EQUIPMENT AND MEDICAL ABORTION DRUGS BANGLADESH, BRAZIL, ETHIOPIA, GHANA, HONDURAS, MEXICO, NEPAL, NIGERIA AND ZAMBIA \*IPAS PROVIDED TECHNICAL SUPPORT TO LOCAL PARTNERS RESULTING IN PROGRESS TOWARD LEGAL REFORM IN 13 COUNTRIES \*IPAS ADVOCATED IN GLOBAL AND REGIONAL MEETINGS FOR WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, INCLUDING THE UN COMMISSION ON POPULATION AND DEVELOPMENT IPAS RESEARCH PROVIDED EVIDENCE TO DONORS AND POLICYMAKERS ABOUT THE MAGNITUDE AND COSTS OF UNSAFE ABORTION AND THE BENEFITS OF PROVIDING SAFE ABORTION CARE, INCLUDING A STUDY OF MEDICAL ABORTION IN SOUTH AFRICA

(Code ) (Expenses \$ 2,488,333 including grants of \$ 1,141,343 ) (Revenue \$ )

REACHING WOMEN IN THEIR COMMUNITIES WITH INFORMATION ABOUT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AVOIDING UNWANTED PREGNANCIES, AND ACCESSING SAFE ABORTION SERVICES (OTHER AREAS OF EXPENDITURE)IN FY11, IPAS STRENGTHENED EXISTING COLLABORATIONS AND EXPANDED REACH TO ENGAGE WOMEN AND MEN BY WORKING THROUGH SOCIAL NETWORKS WE HAVE CONTINUED TO PLACE AN INCREASED PRIORITY ON ADDRESSING THE NEEDS OF YOUNG WOMEN WHO ARE AT HIGHEST RISK OF DEATH AND INJURY FROM UNSAFE ABORTION

4d

Other program services (Describe in Schedule O )

(Expenses \$ 2,488,333 including grants of \$ 1,141,343 ) (Revenue \$ )

4e

Total program service expenses

\$ 40,092,207

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>							
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>							
		<b>Yes</b>	<b>No</b>				
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . .	<b>1a</b>	65				
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0				
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>					
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	144				
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes				
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>					No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>					
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . . . .	<b>4a</b>	Yes				
<b>b</b>	IN , MX , BL , BR , NU , KE , GH , ET , NI , SF , NP , ZA , MI , If "Yes," enter the name of the foreign country BG , SL See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts						
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>					No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				No	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>					
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>				No	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>					
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>					No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>					
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>				No	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>					
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>					No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>					No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>					
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>					
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>					
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>						
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>					
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>					
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter						
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>					
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>					
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter						
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>					
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>					
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>					
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>					
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>					
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>					
<b>c</b>	Enter the aggregate amount of reserves on hand	<b>13c</b>					
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>					No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>					

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, ND, OH, OR, PA, RI, SC, TN, UT, VA, DC, WA, WV, WI, HI, NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
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. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	HAZEL RYON, DIRECTOR OF FINANCE PO BOX 9990 CHAPEL HILL, NC 27516 (919) 967-7052

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) ELIZABETH S MAGUIRE PRESIDENT & CEO	37 50	X		X				267,507	0	10,500
(2) MARIE BASS CHAIRMAN OF THE BOARD	1 20	X		X				0	0	0
(3) BENE MADUNAGU PHD SECRETARY	1 50	X		X				0	0	0
(4) GABRIELA CANO AZCARRAGA BOARD MEMBER	1 20	X						0	0	0
(5) POURU BHIWANDIWALLA MD MSPH FACOG BOARD MEMBER	60	X						0	0	0
(6) JOLYNN DELLINGER JD MA BOARD MEMBER	1 20	X						0	0	0
(7) JEMIMA A DENNIS-ANTWI PHD RNM BOARD MEMBER	1 20	X						0	0	0
(8) DEBORAH DEWITT CPA BOARD MEMBER	1 20	X						0	0	0
(9) JERKER LILJESTRAND MD BOARD MEMBER	1 20	X						0	0	0
(10) NJOKI NDUNGU LLM BOARD MEMBER	1 20	X						0	0	0
(11) TRACEY RAMSAY HBSC MBA BOARD MEMBER	1 20	X						0	0	0
(12) OTOBO INNOCENT UJAH MBBS BOARD MEMBER	60	X						0	0	0
(13) GEOFFREY KNOX BOARD MEMBER	1 20	X						0	0	0
(14) MARY LUKE VICE PRESIDENT	37 50			X				179,986	0	6,960
(15) BARBARA CRANE SECRETARY	37 50			X				177,408	0	6,960
(16) THOMAS HILL MBA CHIEF FINANCIAL OFFICER	37 50			X				145,142	0	0
(17) EUNICE BROOKMAN-AMISSAH VP- IPAS AFRICA ALLIANCE	37 50					X		165,454	0	6,960

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	1,254,513	0	44,647

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 20

		Yes	No
3	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> . . . . .	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	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
AFRICAN POPULATION AND HEALTH RESEARCH C PO BOX 10787-00100 NAIROBI KE	RESEARCH SERVICES ON UNSAFE ABORTION	507,641
BROADPOINT TECHNOLOGIES 7501 WISCONSIN AVE STE 720 WEST BETHESDA, MD 20814	TECHNOLOGY SERVICES	445,728
GUTTMACHER INSTITUTE 120 WALL STREET NEW YORK, NY 10005	RESEARCH SERVICES ON UNSAFE ABORTION	204,003
HOLLAND & KNIGHT LLP 2099 PENNSYLVANIA AVE NW STE 100 WASHINGTON, DC 20006	LEGAL - VARIOUS ISSUES	159,450
ROBERT HALF INTERNATIONAL 4140 PARKLAKE AVE STE 500 RALEIGH, NC 27612	TEMPORARY STAFFING	145,227

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 20

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a		47,957,370		
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	18,470,107			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	29,487,263			
	g	Noncash contributions included in lines 1a-1f \$ 16,996,201					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		178,799		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .		-584			-584
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	5,475	-1,237		-1,237
b		Less direct expenses . . . .	b	6,712			
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS	900099	27,761	27,761			
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		27,761				
12	Total revenue. See Instructions . . . . .		48,162,109	27,761	0	176,978	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	56,357	56,357		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,960,543	3,960,543		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	929,844	201,977	461,083	266,784
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,926,223	11,863,446	2,021,556	1,041,221
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	439,134	344,387	69,965	24,782
9	Other employee benefits	1,947,832	1,516,911	315,942	114,979
10	Payroll taxes	924,283	647,996	181,842	94,445
11	Fees for services (non-employees)				
a	Management				
b	Legal	264,417	51,924	212,493	
c	Accounting	256,323	132,097	124,226	
d	Lobbying	135,240	135,240		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	8,260,521	7,362,550	878,074	19,897
12	Advertising and promotion	257,841	228,840	28,751	250
13	Office expenses	2,386,799	2,103,902	275,176	7,721
14	Information technology	1,262,997	508,730	754,267	
15	Royalties				
16	Occupancy	1,459,520	581,966	877,554	
17	Travel	3,791,857	3,556,073	185,837	49,947
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,191,284	5,137,701	34,047	19,536
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	397,816		397,816	
23	Insurance	85,836	43,578	42,258	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	PROGRAM INSTRUMENTS	1,022,323	1,019,087	3,236	
b	TRAINING	414,011	414,011		
c	SECURITY	93,501	57,872	35,629	
d	DUES & SUBSCRIPTIONS	88,513	28,332	34,216	25,965
e					
f	All other expenses	203,168	138,687	64,481	
25	Total functional expenses. Add lines 1 through 24f	48,756,183	40,092,207	6,998,449	1,665,527
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			34,404,644	1	27,110,098
	2	Savings and temporary cash investments . . . . .			1,949,495	2	250,490
	3	Pledges and grants receivable, net . . . . .			1,136,508	3	4,003,977
	4	Accounts receivable, net . . . . .			1,377,146	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			1,271,748	8	0
	9	Prepaid expenses and deferred charges . . . . .			712,871	9	598,175
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	4,430,284	1,431,595	10c	1,212,580
	b	Less: accumulated depreciation . . . . .	10b	3,217,704			
	11	Investments—publicly traded securities . . . . .			1,758,726	11	3,825,591
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			393,438	15	743,060
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			44,436,171	16	37,743,971
Liabilities	17	Accounts payable and accrued expenses . . . . .			5,204,540	17	3,905,372
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			10,039,202	19	8,077,762
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			12,071	25	0
	26	Total liabilities. Add lines 17 through 25 . . . . .			15,255,813	26	11,983,134
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			24,239,959	27	21,277,553
	28	Temporarily restricted net assets . . . . .			4,940,399	28	4,483,284
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			29,180,358	33	25,760,837
	34	Total liabilities and net assets/fund balances . . . . .			44,436,171	34	37,743,971

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	48,162,109
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	48,756,183
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-594,074
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	29,180,358
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-2,825,447
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	25,760,837

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 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	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?		No
<b>b</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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

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

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 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

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 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 )

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	32,720,073	36,834,603	47,191,402	49,248,655	47,957,370	213,952,103
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	32,720,073	36,834,603	47,191,402	49,248,655	47,957,370	213,952,103
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						108,314,963
6 Public Support. Subtract line 5 from line 4						105,637,140

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	32,720,073	36,834,603	47,191,402	49,248,655	47,957,370	213,952,103
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	410,868	242,579	520,581	345,923	178,799	1,698,750
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	58,674	9,467	2,518	25,905	33,236	129,800
11 Total support (Add lines 7 through 10)						215,780,653

12 Gross receipts from related activities, etc (See instructions )

1211,356,797

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	48 960 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	45 770 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. 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 IV 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (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 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. 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 <b>stop here</b> . 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** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	4,176													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	138,786													
c	Total lobbying expenditures (add lines 1a and 1b)	142,962													
d	Other exempt purpose expenditures	48,613,221													
e	Total exempt purpose expenditures (add lines 1c and 1d)	48,756,183													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	97,815	35,992	139,478	142,962	416,247
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures		608		4,176	4,784

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

		(a)		(b)
		Yes	No	Amount
<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? If "Yes," describe in Part IV			
<b>j</b>	Total 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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<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**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
IPAS

Employer identification number  
56-1071085

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

Part III

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

3

Using the organization's 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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 . . . . .

b

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

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land . . . . .			
b	Buildings . . . . .			
c	Leasehold improvements . . . . .	1,371,810	383,833	987,977
d	Equipment . . . . .	3,058,474	2,833,871	224,603
e	Other . . . . .			
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶			1,212,580



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	48,162,109
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,756,183
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-594,074
4	Net unrealized gains (losses) on investments	4	49,021
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,874,468
9	Total adjustments (net) Add lines 4 - 8	9	-2,825,447
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,419,521

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	48,217,842
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	49,021
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	6,712
e	Add lines 2a through 2d . . . . .	2e	55,733
3	Subtract line 2e from line 1 . . . . .	3	48,162,109
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	48,162,109

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	51,637,363
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	2,881,180
e	Add lines 2a through 2d . . . . .	2e	2,881,180
3	Subtract line 2e from line 1 . . . . .	3	48,756,183
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	48,756,183

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH OF THE OPEN TAX YEARS (2009-2011) OR EXPECTED TO BE TAKEN IN IPAS' 2012 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		TRANSFER OF NET ASSETS OF WCG, LLC TO WOMANCARE GLOBAL INTERNATIONAL, -2,874,468
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES 6,712
PART XIII, LINE 2D - OTHER ADJUSTMENTS		TRANSFER OF NET ASSETS OF WCG, LLC TO WOMANCARE GLOBAL INTERNATIONAL, 2,874,468 FUNDRAISING EVENT EXPENSES 6,712

<b>SCHEDULE F</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<b>Statement of Activities Outside the United States</b>  ▶ <b>Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.</b>  ▶ <b>Attach to Form 990. ▶ See separate instructions.</b>	OMB No 1545-0047  <div>2011</div> <div>Open to Public Inspection</div>
	Name of the organization IPAS	<b>Employer identification number</b>  56-1071085

Part I	General Information on Activities Outside the United States	Complete if the organization answered "Yes" to any of the questions in this section.
1. Name of the organization	The organization's name as it appears on the IRS Form 990-BE	
2. EIN	The organization's EIN as it appears on the IRS Form 990-BE	
3. Principal office address	The organization's principal office address as it appears on the IRS Form 990-BE	
4. Country of principal office	The organization's principal office country as it appears on the IRS Form 990-BE	
5. Country of incorporation	The organization's country of incorporation as it appears on the IRS Form 990-BE	
6. Country of tax residence	The organization's country of tax residence as it appears on the IRS Form 990-BE	
7. Country of principal activity	The organization's principal activity country as it appears on the IRS Form 990-BE	
8. Country of principal asset	The organization's principal asset country as it appears on the IRS Form 990-BE	
9. Country of principal revenue	The organization's principal revenue country as it appears on the IRS Form 990-BE	
10. Country of principal expense	The organization's principal expense country as it appears on the IRS Form 990-BE	
11. Country of principal liability	The organization's principal liability country as it appears on the IRS Form 990-BE	
12. Country of principal asset	The organization's principal asset country as it appears on the IRS Form 990-BE	
13. Country of principal revenue	The organization's principal revenue country as it appears on the IRS Form 990-BE	
14. Country of principal expense	The organization's principal expense country as it appears on the IRS Form 990-BE	
15. Country of principal liability	The organization's principal liability country as it appears on the IRS Form 990-BE	
16. Country of principal asset	The organization's principal asset country as it appears on the IRS Form 990-BE	
17. Country of principal revenue	The organization's principal revenue country as it appears on the IRS Form 990-BE	
18. Country of principal expense	The organization's principal expense country as it appears on the IRS Form 990-BE	
19. Country of principal liability	The organization's principal liability country as it appears on the IRS Form 990-BE	
20. Country of principal asset	The organization's principal asset country as it appears on the IRS Form 990-BE	
21. Country of principal revenue	The organization's principal revenue country as it appears on the IRS Form 990-BE	
22. Country of principal expense	The organization's principal expense country as it appears on the IRS Form 990-BE	
23. Country of principal liability	The organization's principal liability country as it appears on the IRS Form 990-BE	
24. Country of principal asset	The organization's principal asset country as it appears on the IRS Form 990-BE	
25. Country of principal revenue	The organization's principal revenue country as it appears on the IRS Form 990-BE	
26. Country of principal expense	The organization's principal expense country as it appears on the IRS Form 990-BE	
27. Country of principal liability	The organization's principal liability country as it appears on the IRS Form 990-BE	
28. Country of principal asset	The organization's principal asset country as it appears on the IRS Form 990-BE	
29. Country of principal revenue	The organization's principal revenue country as it appears on the IRS Form 990-BE	
30. Country of principal expense	The organization's principal expense country as it appears on the IRS Form 990-BE	
31. Country of principal liability	The organization's principal liability country as it appears on the IRS Form 990-BE	
32. Country of principal asset	The organization's principal asset country as it appears on the IRS Form 990-BE	
33. Country of principal revenue	The organization's principal revenue country as it appears on the IRS Form 990-BE	
34. Country of principal expense	The organization's principal expense country as it appears on the IRS Form 990-BE	
35. Country of principal liability	The organization's principal liability country as it appears on the IRS Form 990-BE	
36. Country of principal asset	The organization's principal asset country as it appears on the IRS Form 990-BE	
37. Country of principal revenue	The organization's principal revenue country as it appears on the IRS Form 990-BE	
38. Country of principal		

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

**3** Activities per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	6	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, AND REDUCING BARRIERS TO SERVICE ACCESS	1,344,951
EAST ASIA AND THE PACIFIC	1	0	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS	33,730
EUROPE	0	0	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS	8,562,192
NORTH AMERICA	1	16	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, REDUCING BARRIERS TO SERVICE ACCESS, ENGAGING AND MOBILIZING COMMUNITIES IN WOMEN'S REPRODUCTIVE HEALTH AND RIGHTS, AND CONDUCTING RESEARCH TO DOCUMENT THE TOLL OF UNSAFE ABORTION AND THE IMPACT OF PRACTICAL SOLUTIONS	2,196,861
SOUTH AMERICA	2	5	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, REDUCING BARRIERS TO SERVICE ACCESS, ENGAGING AND MOBILIZING COMMUNITIES IN WOMEN'S REPRODUCTIVE HEALTH AND RIGHTS, AND CONDUCTING RESEARCH TO DOCUMENT THE TOLL OF UNSAFE ABORTIONS AND THE IMPACT OF PRACTICAL SOLUTIONS	691,314
SOUTH ASIA	2	91	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES AND IMPROVING HEALTH DELIVERY TO MAKE ABORTION CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, REDUCING BARRIERS TO SERVICE ACCESS, ENGAGING AND MOBILIZING COMMUNITIES IN WOMEN'S REPRODUCTIVE HEALTH AND RIGHTS, AND CONDUCTING RESEARCH TO DOCUMENT THE TOLL OF UNSAFE ABORTION AND THE IMPACT OF PRACTICAL SOLUTIONS	4,360,837
SUB-SAHARAN AFRICA	5	92	PROGRAM SERVICESPROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES, ENGAGING AND MOBILIZING COMMUNITIES IN WOMEN'S REPRODUCTIVE HEALTH AND RIGHTS, CONDUCTING RESEARCH TO DOCUMENT THE TOLL OF UNSAFE ABORTION AND THE IMPACT OF PRACTICAL SOLUTIONS	17,370,950
<b>3a</b> Sub-total	12	210			34,560,835
<b>b</b> Total from continuation sheets to Part I	0	0			
<b>c</b> Totals (add lines 3a and 3b)	12	210			34,560,835

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

2

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

3

Enter total number of other organizations or entities . . . . . ☐

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

[illegible]

**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 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

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, 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Part V

Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 IPAS STANDARD OPERATING PROCEDURES (SOP'S) INCLUDE PROCEDURES ON PROJECT MONITORING, REPORTING AND TRACKING OF GRANTS AWARDED THE PROJECT MANAGERS IN COUNTRY OFFICES AND CORPORATE OFFICES WILL MAKE SURE THAT THE GRANT AGREEMENT IS COMPLETED IN THE PROPER AGREEMENT TEMPLATE ALONG WITH A SCOPE OF WORK AND A CHECKLIST FOR FINANCIAL OVERSIGHT AND THE FINANCE STAFF IN COUNTRY OFFICES AND CORPORATE OFFICE WILL SO CONFIRM BEFORE DISBURSING FUNDS AMOUNTS ARE DISBURSED BASED ON THE TERMS OF THE AGREEMENT AND PROPER CODING IS USED AND AFTER DETERMINING THAT THERE IS AN AUTHORIZED BUDGET THE PROJECT MANAGERS ARE RESPONSIBLE FOR ENSURING THAT THE RECIPIENT HAS COMPLIED WITH THE TERMS OF THE AGREEMENT AND OBTAINING THE PERFORMANCE REPORTS AND OTHER DELIVERABLES FROM THE RECIPIENT

Additional Data

Software ID:  
Software Version:  
EIN: 56-1071085  
Name: IPAS

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	TO IMPROVE POLICIES FOR ADDRESSING UNSAFE ABORTION IN EL SALVADOR	67,500	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	MAINTAIN AN EFFECTIVE MULTI-DISCIPLINARY ALLIANCE ON ABORTION ADVOCACY ISSUES WHICH IS ABLE TO IMPACT ON LAW, POLICY AND SERVICES AND WOMEN'S BETTER ACCESS TO ABORTION AND CONTRACEPTIVE SERVICES	35,813	WIRE TRANSFER			
		EUROPE	CONTRIBUTION TO IPPF TO STRENGTHEN FGAE'S CAPACITY TO PROVIDE QUALITY SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN THE JIJIGA YOUTH CLINIC AND INCREASE THE NUMBER OF CLIENTS PROVIDED WITH COMPREHENSIVE ABORTION CARE AND OTHER SEXUAL AND REPRODUCTIVE HEALTH SERVICES	35,000	WIRE TRANSFER			

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	TO IMPROVE THE QUALITY OF ONLINE TRACKING OF MANUSCRIPTS AND MARKETING OF THE JOURNAL	25,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO CREATE AWARENESS ON MEDICAL ABORTION AND DEVELOP MEDICAL ABORTION INFORMATION, EDUCATION AND COMMUNICATION MATERIALS	24,931	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CONDUCT A 4 DAY MVA/MPAC (MANUAL VACUUM ASPIRATION/MISOPROSTOL FOR ABORTION CARE) TRAINING, A 2 DAY POST ABORTION CONTRACEPTIVE COUNSELING AND SERVICES TRAINING WITH A FOCUS ON INTRAUTERINE CONTRACEPTIVE DEVICES (IUD) AND HORMONAL IMPLANTS	21,970	WIRE TRANSFER			

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)
		EUROPE	MAINTAIN, STRENGTHEN AND IMPLEMENT THE SEXUAL AND REPRODUCTIVE RIGHTS LEGAL FRAMEWORK AND DEVELOP LEGAL STANDARDS AND STRATEGIES	20,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	SUPPORT GRMA IN CONDUCTING TWO TRAININGS ONE ON MEDICAL ABORTION AND ANOTHER ON FAMILY PLANNING GRANT ALSO SUPPORTS ACTIVITIES AT THE INTERNATIONAL DAY OF THE MIDWIFE CELEBRATION ON MAY 3, 2012	19,715	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CONDUCT A 4 DAY MVA/MPAC TRAINING, PROCURE INITIAL STOCKS OF MISOPROSTOL TO SELL TO TRAINED MEMBERS AS A REVOLVING DRUG FUND	18,615	WIRE TRANSFER			

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	SUPPORT ADVOCACY AND AWARENESS RAISING TARGETED AT NATIONAL DECISION MAKERS (PARLIAMENTARIANS AND SENATORS), CIVIL SOCIETY ORGANIZATIONS, AND THE MEDIA	16,538	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CONTINUE IMPROVING KNOWLEDGE AND UNDERSTANDING OF WOMEN'S RIGHTS AND THE IMPACT OF CRIMINALIZING ABORTION ON WOMEN'S HEALTH AMONG PARLIAMENTARIANS AND SENATORS ALSO, EDUCATE AND ENGAGE MEMBERS OF CIVIL SOCIETY, ESPECIALLY WOMEN'S ORGANIZATIONS ON THE ISSUE OF ABORTION AND ITS IMPACT ON WOMEN'S HEALTH	15,204	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	ENHANCING AWARENESS ON PREVENTION OF UNWANTED PREGNANCY AND UNSAFE ABORTION IN TIGRAY REGIONAL STATE	15,000	WIRE TRANSFER			

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)
		EUROPE	TO DIMINISH THE IMPACT OF THE CUTS THAT ARE INTENDED TO BE IMPLEMENTED ON BEHALF OF THE GOVERNMENT IN RELATION TO THE RIGHT TO ABORTION IN SPAIN AND TO CONTRIBUTE TO A SOCIAL DEBATE ABOUT SEXUAL AND REPRODUCTIVE RIGHTS OF WOMEN FROM A FEMINIST PERSPECTIVE	12,429	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	SUPPORT OF "ENHANCING AWARENESS ON UNWANTED PREGNANCY AND UNSAFE ABORTION" PROJECT TO CREATE AWARENESS AND OFFER SERVICES IN THE AREA OF SEXUAL AND REPRODUCTIVE HEALTH CARE IN MAYCHEW WORED A,EASTERN ZONE OF TIGRAY REGIONAL STATE	6,615	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CREATE AWARENESS AND OFFER SERVICES IN THE AREA OF SEXUAL AND REPRODUCTIVE HEALTH CARE IN BUTAJIRA WORED A OF SNNP REGIONAL STATE	5,629	WIRE TRANSFER			

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 ASIA	CONTINUING THE PROJECT ENTITLED EXPANDING ACCESS TO SAFE POST ABORTION CARE SERVICES IN PAKISTAN	5,482	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	SUPPORT AGPNP'S ACTIVITIES AT THE INTERNATIONAL DAY OF THE MIDWIFE CELEBRATION IN MAY, 2012	5,368	WIRE TRANSFER			
		NORTH AMERICA	PARTICIPATION OF YOUNG PEOPLE AT THE 45TH CPD (COMMISSION ON POPULATION AND DEVELOPMENT) IN 2012	5,000	WIRE TRANSFER			

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	ORGANIZE A REUNION OF REGIONAL ACTIVITIES FOR ARGENTINA, BRAZIL AND URUGUAY	5,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CONDUCT A 3 DAY WORKSHOP FOR 30 MIDWIVES	10,000	CHECK			
		EUROPE	CONTRIBUTION TOWARD PRINTING OF 2012 WORLD REPORT	10,000	CHECK			

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	WORKSHOP FOR COUNSELORS IN MEXICO	10,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO IMPROVE POLICIES FOR ADDRESSING UNSAFE ABORTION	9,952	CHECK			
		SUB-SAHARAN AFRICA	INCREASE AWARENESS ON THE THE DRAFT CONSTITUTION TO PROMOTE PARTICIPATION IN DECISION MAKING	9,331	CHECK			

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	DEVELOPMENT OF CLINICAL GUIDELINES FOR CAC IN MALAWI	8,923	CHECK			
		SUB-SAHARAN AFRICA	TO CARRY OUR RENOVATION WORKS IN HEALTH FACILITIES IN ZAMBIA	8,757	CHECK			
		SUB-SAHARAN AFRICA	TO ORGANISE SENSITIZATION ACTIVITIES TO EDUCATE 200 STUDENTS IN SELECTED COMMUNITIES ON UNSAFE ABORTION	8,193	CHECK			

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	AWARDING 2ND GRANT FOR ADOLESCENT PREGNANCY AWARENESS, A SCHOOL-BASED INTERVENTION	7,562	CHECK			
		SUB-SAHARAN AFRICA	MA WORKSHOP IN BLOEMFONTEIN	7,410	CHECK			
		SUB-SAHARAN AFRICA	MA WORKSHOP IN BLOEMFONTEIN	7,001	CHECK			

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	TO ORGANISE SENSITIZATION ACTIVITIES TO EDUCATE 200 STUDENTS IN SELECTED COMMUNITIES ON UNSAFE ABORTION	6,820	CHECK			
		SUB-SAHARAN AFRICA	IMPLEMENT PHARMACY FOLLOWUP DATA COLLECTION	6,441	CHECK			
		SUB-SAHARAN AFRICA	TO IMPROVE POLICIES FOR ADDRESSING UNSAFE ABORTION	6,359	CHECK			

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	PLACEMENT OF ADVERT ON MVA KITS IN THE GMJ	6,240	CHECK			
		SUB-SAHARAN AFRICA	SENSITIZE YOUTH TO IMPROVE POLICIES FOR ADDRESSING UNSAFE ABORTION	6,231	CHECK			
		SUB-SAHARAN AFRICA	COMMUNITY SENSITIZATION ON UNSAFE ABORTION FOR 250 PEOPLE AT CHORKOR IN ACCRA	6,014	CHECK			

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	TO PROMOTE AWARENESS ACTIVITIES AS A PART OF INTERNATIONAL DAY AGAINST VIOLENCE AGAINST WOMEN	6,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TO ATTEND THE 39TH ANNUAL SCIENTIFIC CONFERENCE AND MAKE FOUR PRESENTATIONS	5,997	CHECK			
		SUB-SAHARAN AFRICA	TO CONDUCT 5 FORA IN 3 REGIONS FOR TERTIARY STUDENTS ON UNSAFE ABORTION	5,469	CHECK			

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	TO IMPROVE POLICIES FOR ADDRESSING UNSAFE ABORTION	5,277	CHECK			
		SUB-SAHARAN AFRICA	TO CONDUCT COMMUNITY OUTREACH ACTIVITIES IN MASAKA DISTRICT OF UGANDA TO SENSITIZE COMMUNITIES ABOUT RH INCLUDING ABORTION CARE AND WHERE THEY SHOULD GO TO SEEK THESE SERVICES	5,267	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	REFURBISH COMPREHENSIVE ABORTION SERVICE DELIVERY ROOM	5,150	WIRE TRANSFER			

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	TO MAKE A PRESENTATION ON THE 2007 ICM STATEMENT AND HOW IT CAN BE OPERATIONALIZED AT VARIOUS LEVELS INCLUDING AT THE ECSACON SECRETARIAT	5,000	CHECK			
		CENTRAL AMERICA AND THE CARIBBEAN	TO IMPROVE POLICIES FOR ADDRESSING UNSAFE ABORTION	5,000	WIRE TRANSFER			
		NORTH AMERICA	TO ENSURE MEANINGFUL YOUTH PARTICIPATION AT THE 44TH SESSION OF THE COMMISSION ON POPULATION AND DEVELOPMENT (CPD)	5,000	WIRE TRANSFER			

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)
		EUROPE	CORE FUNDING FOR WOMANCARE GLOBAL INTERNATIONAL	2,843,154				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

DLN: 93493045012023

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
IPAS

Employer identification number  
56-1071085

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
(1) GUTTMACHER INSTITUTE125 MAIDEN LANE 7TH FLOOR NEW YORK,NY 10038	13-2890727	501(C)(3)	41,357				TECHNICAL SUPPORT TO PROJECTS RELATED TO THE CONSORTIUM FOR RESEARCH ON UNSAFE ABORTION IN AFRICA
(2) PUBLIC HEALTH INSTITUTE555 12TH ST 10TH FLOOR OAKLAND,CA 946074046	94-1646278	501(C)(3)	10,000				SUPPORT THE PUBLIC HEALTH INSTITUTE'S SMALL GRANTS PROGRAM REDUCING MATERNAL MORTALITY AND MORBIDITY IN KENYA AND TANZANIA THROUGH THE CORRECT USE OF MISOPROSTOL
(3) LAW STUDENTS FOR REPRODUCTIVE JUSTICE (LSRJ)1730 FRANKLIN ST STE 212 OAKLAND,CA 94612	90-0181944	501(C)(3)	5,000				SUPPORT LSRJ AND ITS AFFILIATES TO PROMOTE AND CONDUCT INTERNATIONALLY-FOCUSED ACTIVITIES TO RAISE AWARENESS OF ABORTION RIGHTS OUTSIDE THE U S AMONG THEIR MEMBERS

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 . . . . .

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

Cat No 50055P

Schedule I (Form 990) 2011

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 IPAS STANDARD OPERATING PROCEDURES (SOP'S) INCLUDE PROCEDURES ON PROJECT MONITORING, REPORTING AND TRACKING OF GRANTS AWARDED THE PROJECT MANAGERS IN COUNTRY OFFICES AND CORPORATE OFFICES WILL MAKE SURE THAT THE GRANT AGREEMENT IS COMPLETED IN THE PROPER AGREEMENT TEMPLATE ALONG WITH A SCOPE OF WORK AND A CHECKLIST FOR FINANCIAL OVERSIGHT AND THE FINANCE STAFF IN COUNTRY OFFICES AND CORPORATE OFFICE WILL SO CONFIRM BEFORE DISBURSING FUNDS AMOUNTS ARE DISBURSED BASED ON THE TERMS OF THE AGREEMENT AND PROPER CODING IS USED AND AFTER DETERMINING THAT THERE IS AN AUTHORIZED BUDGET THE PROJECT MANAGERS ARE RESPONSIBLE FOR ENSURING THAT THE RECIPIENT HAS COMPLIED WITH THE TERMS OF THE AGREEMENT AND OBTAINING THE PERFORMANCE REPORTS AND OTHER DELIVERABLES FROM THE RECIPIENT

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" to Form 990, Part IV, question 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047  
  
2011  
  
Open to Public Inspection

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

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization  a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.	4a	No
		4b	No
		4c	No
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of  a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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, columns (D) and (E) for that individual.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH S MAGUIRE	(i) (ii)	263,862 0	0 0	3,645 0	10,500 0	0 0	278,007 0	0 0
(2) MARY LUKE	(i) (ii)	170,741 0	5,000 0	4,245 0	6,960 0	0 0	186,946 0	0 0
(3) BARBARA CRANE	(i) (ii)	170,202 0	5,000 0	2,206 0	6,960 0	0 0	184,368 0	0 0
(4) EUNICE BROOKMAN-AMISSAH	(i) (ii)	165,454 0	0 0	0 0	6,960 0	0 0	172,414 0	0 0
(5) LAURA CASTLEMAN	(i) (ii)	148,465 0	0 0	289 0	6,307 0	0 0	155,061 0	0 0
(6) ANU KUMAR	(i) (ii)	164,761 0	5,000 0	501 0	6,960 0	0 0	177,222 0	0 0

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
IPAS

Employer identification number  
56-1071085

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	12	16,996,201	FAIR MARKET VALUE
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

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

Part III

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE SHARES OF STOCKS DONATED BY DONORS ARE CREDITED TO INVESTMENT ACCOUNTS WITH COMMERCIAL BANKS (WELLS FARGO AND CITIGROUP) THE VALUE RECORDED IS THE FMV AT THE TIME OF RECEIPT OF DONATION AUTHORIZED FINANCE STAFF ADVISE THE BANK TO SELL THE STOCK WITHIN 48 BUSINESS HOURS AND DEPOSIT THE PROCEEDS DIRECTLY TO THE INVESTMENT ACCOUNT WHEN THE STOCKS ARE SOLD, ANY DIFFERENCE BETWEEN THE COST AND FAIR MARKET VALUE AT THE TIME OF DONATION AND THE ACTUAL SALES IS BOOKED AS GAIN OR LOSS ON THE SALE

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**2011**

**Open to Public  
Inspection**

Name of the organization  
IPAS

**Employer identification number**

56-1071085

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S BY-LAWS WERE AMENDED TO STATE THAT AN INDIVIDUAL WHO IS AN EMPLOYEE OF A MAJOR INSTITUTIONAL DONOR, IS A FAMILY MEMBER OF THE DONOR'S EMPLOYEE, OR IS PROPOSED FOR ELECTION BY THE DONOR MAY NOT BE NOMINATED OR ELECTED TO MEMBERSHIP ON THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND SUBSEQUENTLY IS PRESENTED TO THE FULL BOARD FOR APPROVAL BEFORE FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ON A SEMI-ANNUAL BASIS, THE BOARD OF DIRECTORS SIGNS THE CONFLICT OF INTEREST POLICY IT IS KEPT IN THE EXECUTIVE OFFICE OF THE PRESIDENT THE EXECUTIVE COMMITTEE ASSURES THAT EACH ONE IS IN COMPLIANCE WITH THE POLICY
	FORM 990, PART VI, SECTION B, LINE 15	IPAS ENGAGED THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW AND SUGGEST SALARY AND SALARY RANGES APPROPRIATE FOR THE OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION BASED ON MARKET DATA AND SURVEY FINDINGS
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FINANCIALS AVAILABLE ON GUIDESTAR
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 49,021 TRANSFER OF NET ASSETS OF WCG, LLC TO WOMANCARE GLOBAL INTERNATIONAL, -2,874,468 TOTAL TO FORM 990, PART XI, LINE 5 - 2,825,447
	FORM 990, PART XI, LINE 2C	THE ORGANIZATION HAS AN INDEPENDENT COMMITTEE REPORTING TO THE BOARD OF DIRECTORS THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT AUDITORS THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
IPAS

Employer identification number  
56-1071085

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WOMANCARE GLOBAL LLC PO BOX 9990 CHAPEL HILL, NC 27515 27-0789953	IDENTIFY AND FUND WORTHY INVESTMENTS IN REPRODUCTIVE HEALTH TECHNOLOGIES	NC	2,146,152	999,979	

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 organization	
						Yes	No
(1) WOMANCARE GLOBAL INTERNATIONAL  7 WOOTTON STREET LONDON SE1 8TG UK	MARKETING AND DISTRIBUTION OF MEDICAL DEVICES AND PHARMACEUTICALS	UK					No

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

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) WOMANCARE GLOBAL INTERNATIONAL	B	2,843,154	
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

Additional Data

Software ID:  
Software Version:  
EIN: 56-1071085  
Name: IPAS

Form 990, Special Condition Description:

Special Condition Description
-------------------------------

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code ) (Expenses \$ 2,488,333 including grants of \$ 1,141,343 ) (Revenue \$ ) REACHING WOMEN IN THEIR COMMUNITIES WITH INFORMATION ABOUT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AVOIDING UNWANTED PREGNANCIES, AND ACCESSING SAFE ABORTION SERVICES (OTHER AREAS OF EXPENDITURE)IN FY11, IPAS STRENGTHENED EXISTING COLLABORATIONS AND EXPANDED REACH TO ENGAGE WOMEN AND MEN BY WORKING THROUGH SOCIAL NETWORKS WE HAVE CONTINUED TO PLACE AN INCREASED PRIORITY ON ADDRESSING THE NEEDS OF YOUNG WOMEN WHO ARE AT HIGHEST RISK OF DEATH AND INJURY FROM UNSAFE ABORTION