NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.

- Part VIII, line 8a, gross income for special events—values may have been transposed.

- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.

- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx

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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ipas

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 5027

City or town, state or country, and ZIP + 4
chapel hill, NC 275145001

D Employer identification number
56-1071085

E Telephone number
(919) 967-7052

G Gross receipts $ 124,894,141

F Name and address of Principal Officer
TERENCE KOMINSKI
PO BOX 5027
chapel hill, NC 275145001

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Web site:** ▶ WWW IPAS ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1973 | M State of legal domicile NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

EDUCATE THE PUBLIC & PROMOTE & SUPPORT THE EXTENSION OF REPRODUCTIVE HEALTH SERVICES & ESTABLISH STANDARDS FOR THE PROVISION OF THESE SERVICES

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of employees (Part V, line 2a)	5	141
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	32,720,073	36,834,603
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	441,431	174,889
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	989,074	1,198,072
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,150,578	38,207,564
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,621,278
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,909,010	16,107,574
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 1,252,676)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,020,933	19,949,678
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	31,929,943	37,678,530
	19	Revenue less expenses Subtract line 18 from line 12	2,220,635	529,034
Net Assets or Fund Balances			**Beginning of Year**	**End of Year**
	20	Total assets (Part X, line 16)	22,458,808	55,134,312
	21	Total liabilities (Part X, line 26)	11,307,484	43,409,750
	22	Net assets or fund balances Subtract line 21 from line 20	11,151,324	11,724,562

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

Please Sign Here

****** | 2009-12-21
Signature of officer | Date

TERENCE KOMINSKI TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MARTIN MAUCH | Date 2009-12-21 | Check if self-employed ▶ ☐ | Preparer's PTIN (See Gen Inst)

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 ▶

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 (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 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 $ 13,553,874 including grants of $ 526,791) (Revenue $)

EXPANDING WOMEN'S ACCESS TO AND QUALITY OF SAFE ABORTION CARE (LARGEST AREA OF EXPENDITURES) THROUGHOUT FY09, IPAS CONTINUED TO PLAY A GLOBAL LEADERSHIP ROLE IN COMPREHENSIVE ABORTION CARE WHICH INCLUDES EXPANDING ACCESS TO TREATMENT OF THE COMPLICATIONS OF UNSAFE ABORTION, PROVISION OF FAMILY PLANNING, AND SAFE ABORTION CARE AS A RESULT, MORE WOMEN ARE BEING SERVED, QUALITY OF CARE IS HIGH, AND SERVICES ARE AVAILABLE IN WOMEN'S COMMUNITIES THE FOLLOWING ARE KEY RESULTS IN TRAINING AND SERVICE DELIVERY IMPROVEMENT - IN HEALTHCARE FACILITIES IN 12 COUNTRIES WHERE IPAS-TRAINED PROVIDERS SUPPORTED INFRASTRUCTURE UPGRADES AND/OR PROVIDED MANUAL VACUUM ASPIRATION (MVA)INSTRUMENTS, AN ESTIMATED 170,000 WOMEN RECEIVED UTERINE EVACUATION (UE) PROCEDURES IN FY09, A 60 PERCENT INCREASE OVER FY08 RESULTS THE 12 COUNTRIES WERE ETHIOPIA, GHANA, NIGERIA, NEPAL, INDIA, VIETNAM, BOLIVIA, BRAZIL, EL SALVADOR, HONDURAS, NICARAGUA AND MEXICO - UP TO 139,000 ADDITIONAL WOMEN RECEIVED SAFE UE SERVICES AS A RESULT OF IPAS'S TRAINING INTERVENTIONS IN FY09- INCLUDING IN-SERVICE CLINICAL TRAINING AND TRAINING-OF-TRAINERS - POSTABORTION CONTRACEPTION IN ACTIVE IPAS-SUPPORTED FACILITIES WAS HIGH, WITH 74 2 PERCENT OF WOMEN WHO RECEIVED UE SERVICES RECEIVING A METHOD BEFORE DISCHARGE -IPAS PROVIDED CLINICAL TRAINING FOR 10,121 HEALTH-CARE PROFESSIONALS, AND CLINICAL ORIENTATION FOR 6,976, IN 31 COUNTRIES THE NUMBER OF CLINICAL TRAINEES REPRESENTS A 37 PERCENT INCREASE FROM FY08

4b (Code) (Expenses $ 8,171,176 including grants of $ 405,591) (Revenue $)

INCREASING SUSTAINABLE SUPPLY OF ABORTION-RELATED TECHNOLOGIES, PARTICULARLY MVA AND MEDICAL ABORTION (SECOND LARGEST AREA OF EXPENDITURES) IN FY09, IPAS CONTINUED TO ENHANCE THE AVAILABILITY AND ACCESSIBILITY OF SAFE TECHNOLOGIES FOR WOMEN - WE EXPANDED THE GLOBAL DISTRIBUTION OF MANUAL VACUUM ASPIRATOR (MVA) INSTRUMENTS IN FY09, WITH TOTAL DISTRIBUTION OF 149,673 ASPIRATORS, A 28 PERCENT INCREASE FROM FY08, AND 1,286,964 CANNULAE, A 38 PERCENT INCREASE FROM FY08 - WE MADE SIGNIFICANT PROGRESS IN SELECTED COUNTRIES IN INCREASING ACCESS TO AND CAPACITY AROUND MEDICAL ABORTION, A VERY EFFECTIVE METHOD THAT ENABLES WOMEN TO MAKE SAFE REPRODUCTIVE CHOICES

4c (Code) (Expenses $ 5,770,541 including grants of $ 296,968) (Revenue $)

IMPROVING LAWS AND POLICIES FOR SAFE ABORTION CARE AND INCREASING RESOURCES TOWARD ADDRESSING UNSAFE ABORTION (THIRD LARGEST AREA OF EXPENDITURES)IPAS SUPPORTS LOCAL ADVOCATES AND POLICYMAKERS IN SELECTED COUNTRIES AROUND THE WORLD IN THEIR EFFORTS TO DECREASE DEATHS AND DISABILITIES DUE TO UNSAFE ABORTION IN FY09, WE CONTINUED TO BUILD STRONG PARTNERSHIPS WITH INTERNATIONAL, REGIONAL, AND LOCAL ORGANIZATIONS TO ENSURE AN ENABLING ENVIRONMENT FOR WOMEN'S ACCESS TO SAFE REPRODUCTIVE-HEALTH SERVICES

(Code) (Expenses $ 3,534,308 including grants of $ 391,928) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 31,029,899 *Must equal Part IX, Line 25, column (B).*

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*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where 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*	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	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 United States? *If "Yes," complete Schedule F, Part II*	15	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 United States? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	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	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	94			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	141			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	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, securities account, or other financial account)?			**4a**	Yes	
b	If "Yes," enter the name of the foreign country IN , VM , MX , BL , BR , NU , KE , GH , ET , NI , SF , NP See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			**5c**		
6a	Did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	*Organizations that may receive deductible contributions under section 170(c).*					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			**7h**		
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	*Section 501(c)(7) organizations.* Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	Section 501(c)(12) organizations Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 15		
b	Enter the number of voting members that are independent . .	1b 15		
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?	2		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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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

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 make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes 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

RIAZ MULLICK DIRECTOR OF FINANCE
po box 5027
CHAPEL HILL, NC 27516
(919) 967-7052

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total . . . . ▶								1,344,197	0	49,726

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶15

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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

(A) Name and business address	(B) Description of services	(C) Compensation
SERAPHIM LIFE SCIENCES CONSULTING LLC 2158 BONAVENTURA DR STE 100 VIENNA, VA 22181	CONSULTING FOR PRODUCT DISTRIBUTION	265,038
THE POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017	INCREASE ACCESS TO ABORTION SERVICES IN	231,740
GUTTMACHER INSTITUTE 125 MAIDEN LANE 7TH FLR NEW YORK, NY 10038	RESEARCH SERVICES ON UNSAFE ABORTION	154,969
GMMB 1010 WISCONSIN AVE NW STE 800 WASHINGTON, DC 20007	VIDEO PRODUCTION SVCS - "NOT YET RAIN"	145,279
FAMILY PLANNING ASSOCIATION OF INDIA BAJAJ BHAVAN NARIMAN PT MUMBIA 400 021 IN	INCREASE ACCESS TO COMPREHENSIVE ABORTIO	134,545

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . ▶ 17

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	**1a** Federated campaigns . . **1a**					
	b Membership dues **1b**					
	c Fundraising events **1c**	6,330				
	d Related organizations . . . **1d**					
	e Government grants (contributions) **1e**	10,989,981				
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	25,838,292				
	g Noncash contributions included in lines 1a-1f $ 19,714,703					
	h **Total (Add lines 1a-1f)**		36,834,603			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total. Add lines 2a-2f** . . . . $					
Other Revenue	**3** Investment income (including dividends, interest other similar amounts)		242,579			242,579
	4 Income from investment of tax-exempt bond proceeds . .					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	(i) 85,070,794				
	b Less cost or other basis and sales expenses	(i) 85,138,484				
	c Gain or (loss)	(i) -67,690				
	d Net gain or (loss)		-67,690			-67,690
	8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . **a**	6,330				
	b Less direct expenses . . . **b**	7,829				
	c Net income or (loss) from fundraising events . .		-7,829			-7,829
	9a Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* **a**					
	b Less direct expenses . . . **b**					
	c Net income or (loss) from gaming activities . . .					
	10a Gross sales of inventory, less returns and allowances . **a**	2,736,698				
	b Less cost of goods sold . . **b**	1,540,264				
	c Net income or (loss) from sales of inventory . .		1,196,434	1,196,434		
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900,099	9,467	9,467		
	b					
	c					
	d All other revenue					
	e **Total. Add lines 11a-11d** . . . . $ 9,467					
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		38,207,564	1,205,901	0	167,060

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).

	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 U S See Part IV, line 21	441,000	441,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	1,180,278	1,180,278		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	684,141	342,072	171,035	171,034
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	12,255,010	9,787,961		833,806
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	426,057	346,206	60,874	18,977
9	Other employee benefits	1,920,136	1,530,033	284,708	105,395
10	Payroll taxes	822,230	653,807	122,387	46,036
11	Fees for services (non-employees)				
a	Management				
b	Legal	256,067	136,600	119,467	
c	Accounting	245,332	130,873	114,459	
d	Lobbying	97,815	97,815		
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	6,292,842	5,689,714	585,640	17,488
12	Advertising and promotion	730,989	720,309	10,680	
13	Office expenses	2,056,161	1,597,527	453,119	5,515
14	Information technology				
15	Royalties . .				
16	Occupancy	1,290,968	405,346	885,622	
17	Travel	3,429,604	3,162,517	249,534	17,553
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	1,869,415	1,831,313	16,108	21,994
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	431,335	38,166	393,169	
23	Insurance	139,060	75,850	63,210	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	TRAINING	2,226,183	2,226,183		
b	PROGRAM INSTRUMENTS	529,208	529,208		
c	MISCELLANEOUS	181,452	29,952	151,500	
d	DUES & SUBSCRIPTIONS	71,514	14,186	42,512	14,816
e	BAD DEBT	52,479	52,479		
f	All other expenses	49,254	10,504	38,688	62
25	**Total functional expenses.** Add lines 1 through 24f	37,678,530	31,029,899	5,395,955	1,252,676
26	**Joint Costs.** Check ☐ if following SOP 98-2 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	14,068,548	1	27,971,607
	2	Savings and temporary cash investments	201,849	2	7,968,957
	3	Pledges and grants receivable, net	1,131,088	3	3,791,772
	4	Accounts receivable, net	333,131	4	634,614
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *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	1,118,776	8	1,029,068
	9	Prepaid expenses and deferred charges	274,812	9	289,970
	10a	Land, buildings, and equipment cost basis — 10a 3,510,779			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b 2,530,953	1,181,779	10c	979,826
	11	Investments—publicly traded securities	3,933,762	11	12,151,789
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	215,063	15	316,709
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	22,458,808	16	55,134,312
Liabilities	17	Accounts payable and accrued expenses	3,819,173	17	3,593,694
	18	Grants payable		18	
	19	Deferred revenue	7,476,240	19	39,803,985
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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		24	
	25	Other liabilities *Complete Part X of Schedule D*	12,071	25	12,071
	26	**Total liabilities.** *Add lines 17 through 25*	11,307,484	26	43,409,750
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	11,151,324	27	11,724,562
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	11,151,324	33	11,724,562
	34	Total liabilities and net assets/fund balances	22,458,808	34	55,134,312

Part XI **Financial Statements and Reporting**

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ipas

Employer identification number
56-1071085

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 331/3% 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 331/3% 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 See **Section 509(a)(4).** (See instructions)

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?

		Yes	No
(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?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports

(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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	17,625,884	20,145,031	26,180,475	32,720,073	36,834,603	133,506,066
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 line 1-3	17,625,884	20,145,031	26,180,475	32,720,073	36,834,603	133,506,066
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						75,749,689
6 **Public Support** subtract line 5 from line 4						57,756,377

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	17,625,884	388,789	26,180,475	32,720,073	36,834,603	133,506,066
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	159,126	388,789	469,723	410,868	242,579	1,671,085
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	35,970	34,728	84,835	58,674	9,467	223,674
11 **Total Support** (Add lines 7 through 10)						135,400,825

12 Gross receipts from related activities, etc (See instructions) | 12 | 8,823,360

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** ☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 | 42 660 %

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | 42 330 %

16a **33 1/3% Test - 2008.** 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% Test - 2007.** 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 - 2008.** 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 - 2007.** 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(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 30 June, 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 **stop here** ▶☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	**16**	

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	**18**	

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493355006089

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- 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 990EZ, Part VI, line 47 (Lobbying Activities)
- 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)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
ipas	56-1071085

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ ____

3 Volunteer hours ____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

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

b If "Yes," describe in Part IV

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities $ ____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ ____

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

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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 **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	97,815	
c Total lobbying expenditures (add lines 1a and 1b)	97,815	
d Other exempt purpose expenditures	37,580,715	
e Total exempt purpose expenditures (add lines 1c and 1d)	37,678,530	
f Lobbying nontaxable amount Enter the amount from the following table in both columns—	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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a Enter -0- if line g is more than line a	0	
i Subtract line 1f from line 1c Enter -0- if line f is more than line c	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? ☐ **Yes** ☐ **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 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** Total
2a Lobbying non-taxable amount			1,000,000	1,000,000	2,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
c Total lobbying expenditures			62,802	97,815	160,617
d Grassroots non-taxable amount			250,000	250,000	500,000
e Grassroots ceiling amount (150% of line d, column (e))					750,000
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

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

Part IV Supplemental Information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493355006089

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ipas

Employer identification number
56-1071085

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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? ☐ Yes ☐ No

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 other impermissible private benefit? ☐ Yes ☐ No

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 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	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Trust, 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 why in Part XIV and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,229,016	338,856	890,160
d Equipment		2,281,763	2,192,097	89,666
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				979,826

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEPOSIT	12,071
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	12,071

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

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	38,207,564
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	37,678,530
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	529,034
4	Net unrealized gains (losses) on investments	4	44,204
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	44,204
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	573,238

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	39,799,861
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	44,204		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,548,093		
e	Add lines **2a** through **2d**			2e	1,592,297
3	Subtract line **2e** from line **1**			3	38,207,564
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	38,207,564

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	39,226,623
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	1,548,093		
e	Add lines **2a** through **2d**			2e	1,548,093
3	Subtract line **2e** from line **1**			3	37,678,530
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	37,678,530

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 XIV, 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

Identifier	Return Reference	Explanation

Part XIV Supplemental Information *(continued)*

Identifier	Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ipas

Employer identification number
56-1071085

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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 IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures 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	831,062
EAST ASIA AND THE PACIFIC	1	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, AND INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES	1,323,577
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, INCREASING THE AVAILABLITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, AND REDUCING BARRIERS TO SERVICE ACCESS	160,594
MIDDLE EAST AND NORTH AFRICA	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 CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS, AND INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES	37,114
NORTH AMERICA	1	10	PROGRAM SERVICES	GLOBAL INITIATIVES IN 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, INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, REDUCING BARRIERS TO SERVICE ACCESS, ENGAGING AND MOBILIZING COMMUNITIES IN WOMEN'S REPRODUCTIVE HEALTH RIGHTS, AND CONDUCTING RESEARCH TO DOCUMENT THE TOLL OF UNSAFE ABORTIONS AND THE IMPACT OF PRACTICAL SOLUTIONS	2,096,664
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES	143,074
SOUTH AMERICA	2	12	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, 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	2,541,692
SOUTH ASIA	2	24	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	3,653,216
SUB-SAHARAN AFRICA	5	52	PROGRAM SERVICES	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES, INCREASING AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES, 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	10,625,735
Totals . . . . . ▶	12	109			21,412,728

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 Schedule F-1 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 81

3 Enter total number of other organizations or entities . . . . ▶ 48

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 Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
JOAKIM OSUR - RESEARCH STUDY	SUB-SAHARAN AFRICA	700	8,000	WIRE TRANSFER			
BLANCA ESTELA KEMPIS ROBLES - DISSEMINATE INFORMATION IN FEDERAL DISTRICT	NORTH AMERICA	3,000	6,134	CHECK			

Part IV **Supplemental Information**

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

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 IPAS STANDARD OPERATING PROCEDURES (SOP) ON PROJECT MONITORING AND REPORTING LAYS OUT THE MONITORING AND REPORTING OF EXPENSES THAT INCLUDE GRANTS THE FINANCE MANAGERS IN COUNTRY OFFICES AND FINANCE TEAM IN NORTH CAROLINA HEADQUARTERS WILL MAKE SURE THAT THE GRANT AGREEMENT IS APPROVED ALONG WITH CHECKLIST FOR FINANCIAL OVERSIGHT IS COMPLETED BEFORE FUNDS ARE DISBURSED AMOUNTS ARE DISBURSED BASED ON THE TERM OF THE AGREEMENT AND PROPER ACCOUNT CODING IS USED THE COUNTRY OFFICE/UNITS RESPONSIBLE FOR THE GRANTS IS RESPONSIBLE FOR FOLLOWING UP THE NECESSARY REPORTS AND DOCUMENTATION FROM THE GRANTEES AS STATED IN THE GRANT AGREEMENT ON A MONTHLY BASIS, THE PROJECT EXPENDITURE REPORT IS SUBMITTED TO RESPECTIVE PROJECT MANAGERS THAT WILL SHOW THE BUDGET AND ACTUAL EXPENDITURES OF GRANTS

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

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" on 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 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SERAPHIM LIFE SCIENCES CONSULTING LLC2158 BONAVENTURA DR SUITE 100 VIENNA,VA 22181	01-0571744		334,000				SUPPORT FOR RESEARCH FOR A MORE AFFORDABLE INTRAUTERINE DEVICE
ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS1901 L ST NW SUITE 300 WASHINGTON,DC 20036	52-1591381		50,000				CME WORKSHOP AND EVALUATE/CONDUCT 4 CONFERENCE AND EDUCATIONAL SESSION
THE HESPERIAN FOUNDATION1919 ADDISON STREET 304 BERKELEY,CA 94704	94-6109093	501(C)(3)	20,000				DEVELOP ILLUSTRATION IDEAS/COORDINATION WITH GROUPS AROUND THE WORLD
NEW JERSEY ACADEMY OF FAMILY PHYSICIANS2224 WEST STATE STREET TRENTON,NJ 08608	22-6063156	501(C)(3)	30,000				CME SESSION ON EARLY THERAPEUTIC ABORTION, CONTRACEPTION, OPTION COUNSELING AND VALUES CLARIFICATION
LAW STUDENTS FOR REPRODUCTIVE JUSTICE 449 15TH STREET 304 OAKLAND,CA 94612	90-0181944	501(C)(3)	7,000				SUPPORT ADVOCACY ACTIVITIES ON WOMEN'S REPRODUCTIVE RIGHTS

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 3

3 Enter total number of other organizations . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on 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.

See Additional Data Table

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) ON PROJECT MONITORING AND REPORTING LAYS OUT THE MONITORING AND REPORTING OF EXPENSES THAT INCLUDE GRANTS THE FINANCE TEAM BASED IN CHAPEL HILL, NORTH CAROLINA HEADQUARTERS WILL MAKE SURE THAT THE GRANT AGREEMENT IS APPROVED ALONG WITH THE CHECKLIST FOR FINANCIAL OVERSIGHT IS COMPLETED BEFORE FUNDS ARE DISBURSED AMOUNTS ARE DISBURSED BASED ON THE TERMS OF THE AGREEMENT, WITH APPROVED BUDGET AND PROPER ACCOUNT CODING IS USED THE UNITS RESPONSIBLE FOR THE GRANTS ARE RESPONSIBLE FOR FOLLOWING UP THE NECESSARY REPORTS AND DOCUMENTATION FROM THE GRANTEES AS STATED IN THE GRANT AGREEMENT ON A MONTHLY BASIS, THE PROJECT EXPENDITURE REPORT IS SUBMITTED TO RESPECTIVE PROJECT MANAGERS THAT WILL SHOW THE BUDGET AND ACTUAL EXPENDITURE OF GRANTS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493355006089

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
ipas	56-1071085

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is 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 ☐ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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	**4c**		No
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**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?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**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 accured 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

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
ELIZABETH S MAGUIRE	(i)	210,272				8,400	218,672	104,000
	(ii)							
BARBARA CRANE	(i)	141,221		3,499		5,621	150,341	70,841
	(ii)							
EUNICE BROOKMAN-AMISSAH	(i)	140,859		34,636		5,393	180,888	101,978
	(ii)							
LEILA ADESSE	(i)	144,400		2,790		4,418	151,608	52,874
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493355006089

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ipas

Employer identification number
56-1071085

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	19,714,703	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 (describe ____________)				
26 Other (describe ____________)				
27 Other (describe ____________)				
28 Other (describe ____________)				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?	**30a**		No
b If "Yes", describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	**32a**	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 II **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	ReturnReference	Explanation
Third Party Use	Part I, Line 32b	THE SHARES OF STOCKS DONATED BY ONE OF THE DONORS IS CREDITED TO IPAS ACCOUNTS WITH WACHOVIA/WELLS FARGO SECURITIES THE VALUE IS BASED ON THE FAIR MARKET VALUE AT THE TIME OF RECEIPT OF DONATION AUTHORIZED FINANCE STAFF OF IPAS WILL ADVISE WACHOVIA/WELLS FARGO TO SELL THE STOCK WITHIN 48 BUSINESS HOURS AND DEPOSIT THE PROCEEDS DIRECTLY TO IPAS MAIN CASH 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)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
ipas

Employer identification number
56-1071085

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	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 FY09, IPAS EXPANDED ITS WORK WITH COMMUNITY-BASED ORGANIZATIONS AND JOURNALISTS AS WELL AS THROUGH THE USE OF ELECTRONIC MEDIA TO INCREASE WOMEN'S KNOWLEDGE AND ABILITY IN SELECTED COUNTRIES TO MAKE THEIR OWN REPRODUCTIVE DECISIONS AND OBTAIN SAFE CARE WE HAVE ALSO PLACED INCREASED PRIORITY ON ADDRESSING THE NEEDS OF YOUNG WOMEN WHO ARE AT HIGHEST RISK OF DEATH AND INJURY FROM UNSAFE ABORTION Expenses $ 3534308 including grants of $ 391928 Revenue $ 0

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		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

Identifier	Return Reference	Explanation
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 IMPLEMENTATION FOR THE KEY EMPLOYEES WILL START AFTER THE REVISED CONFLICT OF INTEREST POLICY IS APPROVED BY THE BOARD ON DECEMBER 5, 2009

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEDPENDENT ACCOUNTANT THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
FORM 990, PART III, QUESTION 1	CONTINUATION OF ORGANIZATION'S MISSION	FOR THE WORLD'S MOST VULNERABLE WOMEN, AN UNWANTED PREGNANCY AND THE INABILITY TO FIND SAFE ABORTION SERVICES CAN MEAN A DEATH SENTENCE AND THE CONSEQUENCES ARE DEVESTATING FOR THE CHILDREN, FAMILIES AND COMMUNITIES THEY LEAVE BEHIND THIS SUFFERING AND THESE DEATHS ARE PREVENTABLE THE SOLUTIONS ARE WELL KNOWN, AVAILABLE, PRACTICAL, AND COST-EFFECTIVE, BUT THEY ARE TOO OFTEN NEGLECTED BECAUSE OF POLITICAL AND SOCIAL CONSTRAINTS IPAS WORKS GLOBALLY, WITH PROGRAMS AND MULTIDISCIPLINARY PROFESSIONAL STAFF IN 14 COUNTRIES ETHIOPIA, GHANA, KENYA (FROM WHICH IPAS'S AFRICA ALLIANCE OFFICE SERVES A NUMBER OF COUNTRIES INCLUDING BENIN, BURKINA FASO, MALAWI, MALI, MOZAMBIQUE, SENEGAL, TANZANIA, UGANDA, AND ZAMBIA), NIGERIA, SOUTH AFRICA, CAMBODIA, INDIA, NEPAL, PAKISTAN, BOLIVIA, BRAZIL, MEXICO, NICARAGUA (SERVING CENTRAL AMERICA) AND THE UNITED STATES

Identifier	Return Reference	Explanation
SCHEDULE F, PART I, QUESTION 1		THE PROGRAM UNITS PREPARE BUDGETS ANNUALLY AND SUBSEQUENTLY APPROVED BY THE BOARD TWICE A YEAR ONE OF THE BUDGET LINE ITEMS IS THE SUB-GRANTS TO VARIOUS PARTNER ORGANIZATIONS BASED ON THE PROJECT ACTIVITIES, THESE ARE TRANSFERRED TO THE INTERNAL PROGRAM DOCUMENT CALLED "PLAN IT " THE PLAN IT IS AN INTERNAL PROGRAM DOCUMENT THAT MONITORS THE "PLAN" AND "ACTUAL" OF PROJECT ACTIVITIES ON A QUARTERLY BASIS IN THE ACTUAL IMPLEMENTATION OF PROJECT PLANS, THE COUNTRY OFFICES OR UNITS IN NORTH CAROLINA WILL HAVE AN INITIAL MEETING WITH THE PROJECT DIRECTOR OR AUTHORIZED STAFF OF THE PROSPECTIVE PARTNER ORGANIZATIONS THAT WILL ASSESS THE NEED FOR ASSISTANCE THAT IS IN LINE WITH THE PROJECT OBJECTIVES OF IPAS THE COUNTRY DIRECTORS OR UNIT DIRECTORS APPROVE THE SELECTION OF GRANTEES THERE IS A GRANT AGREEMENT THAT IS SIGNED BY THE GRANTEE REPRESENTATIVE AND IPAS THE COUNTRY DIRECTORS ARE AUTHORIZED TO SIGN THE AGREEMENT UP TO THE EQUIVALENT OF US $10,000 THE AGREEMENT IS APPROVED BY RESPECTIVE OFFICERS IN NORTH CAROLINA HEADQUARTERS OVER US $10,000 IPAS IS CURRENTLY IN THE PROCESS OF DEVELOPING AN ORGANIZATION-WIDE WRITTEN POLICIES AND PROCEDURES ON SUB-GRANTS THAT WILL BE AVAILABLE BY THE END OF JANUARY 31, 2010

Additional Data

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

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
AMY O TSUI PHD , CHAIRMAN OF THE BOARD	1 90	X		X				0	0	0
BENE E MADUNAGU PHD , VICE CHAIR	1 20	X		X				0	0	0
POURU BHIWANDIWALA MD , SECRETARY	1 50	X		X				0	0	0
PAUL D BLUMENTHAL MD , BOARD MEMBER	90	X						0	0	0
LIDA COLEMAN CPA , BOARD CHAIR-FINANCE COMM	2 20	X		X				0	0	0
BERIT AUSTVEG MD , BOARD MEMBER	90	X						0	0	0
GABRIELA CANO AZCARRAGA , BOARD MEMBER	90	X						0	0	0
JOLYNN DELLINGER JD , BOARD MEMBER	90	X						0	0	0
MARY FJERSTAD , BOARD MEMBER	60	X						0	0	0
NICKI NICHOLS GAMBLE ED , BOARD MEMBER	90	X						0	0	0
ROLAND EDGAR MHLANGA MB , BOARD MEMBER	90	X						0	0	0
AMULYA RATNA NANDA , BOARD MEMBER	60	X						0	0	0
NJOKI NDUNGU LLM , BOARD MEMBER	90	X						0	0	0
J JOSEPH SPEIDEL MD M , BOARD MEMBER	90	X						0	0	0
ELIZABETH S MAGUIRE , PRESIDENT & CEO	37 50			X				210,272	0	8,400
TERENCE KOMINSKI , TREASURER	37 50			X				143,576	0	5,568
MARY LUKE , VICE PRESIDENT	37 50			X				143,673	0	5,568
BARBARA CRANE , SECRETARY	37 50			X				144,720	0	5,621
EUNICE BROOKMAN-AMISSAH , VP-IPAS AFRICA ALLIANCE	37 50					X		175,495	0	5,393
LEILA ADESSE , DIRECTOR, IPAS BRAZIL	37 50					X		147,190	0	4,418
ANU KUMAR , EXECUTIVE VP	37 50					X		142,465	0	5,568
JOAN HEALY , VP- TSDI	37 50					X		120,445	0	4,670
DENISE HARRISON , DIRECTOR, PPD	37 50					X		116,361	0	4,520

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

IPAS IS A NON-PROFIT, NON-GOVERNMENTAL ORGANIZATION THAT WORKS GLOBALLY TO REDUCE DEATHS AND INJURIES CAUSED BY UNSAFE ABORTION AND IMPROVE WOMEN'S ABILITY TO EXERCISE THEIR REPRODUCTIVE AND SEXUAL RIGHTS. THE PUBLIC-HEALTH, SOCIAL-JUSTICE, AND ECONOMIC CONSEQUENCES OF WOMEN'S LACK OF ACCESS TO SAFE, COMPREHENSIVE, REPRODUCTIVE HEALTH CARE ARE TRAGIC. EACH MINUTE OF EVERY DAY, NEARLY 40 WOMEN UNDERGO UNSAFE ABORTIONS. MILLIONS OF WOMEN ARE PERMANENTLY INJURED BY PROCEDURES PERFORMED BY UNSKILLED PROVIDERS AND/OR IN UNSANITARY CONDITIONS, WHICH CAN RESULT IN LONG-TERM DISABILITY AND COMPROMISED FERTILITY. AND EVERY YEAR, AN ESTIMATED 65,000 TO 70,000 WOMEN - MOSTLY POOR WOMEN FROM DEVELOPING COUNTRIES - DIE AS A RESULT, AND CLOSE TO FIVE MILLION MORE SUFFER TEMPORARY OR PERMANENT INJURY.

(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	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	5,638	BANK TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	6,935	BANK TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	8,356	BANK TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	8,253	BANK TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	5,146	BANK TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	5,930	BANK TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	6,239	BANK TRANSFER			
		SUB-SAHARAN AFRICA	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES	7,291	BANK TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	5,974	BANK TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	8,296	BANK TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	6,430	BANK TRANSFER			
		SUB-SAHARAN AFRICA	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES	16,034	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	30,627	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	42,717	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	31,960	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	14,348	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	10,886	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	5,006	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	24,957	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	16,822	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	20,637	CHECK			
		SUB-SAHARAN AFRICA	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES	17,854	CHECK			
		SUB-SAHARAN AFRICA	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES	6,294	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	6,875	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	7,417	CHECK			
		NORTH AMERICA	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES	15,713	CHECK			
		NORTH AMERICA	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES	39,191	CHECK			
		NORTH AMERICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	19,395	CHECK			
		NORTH AMERICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	6,450	CHECK			
		NORTH AMERICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	6,055	CHECK			

(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	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	5,631	CHECK			
		NORTH AMERICA	INCREASING THE AVAILABILITY OF REPRODUCTIVE-HEALTH TECHNOLOGIES	5,470	CHECK			
		CENTRAL AMERICA & THE CARIBBEAN	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	8,008	CHECK			

Additional Data

Return to Form

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

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations 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)
		EAST ASIA AND THE PACIFIC	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	20,000	WIRE TRANSFER			
		MIDDLE EAST AND NORTH AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	17,500	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	22,280	WIRE TRANSFER			
		SOUTH AMERICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	10,917	WIRE TRANSFER			
		CENTRAL AMERICA & THE CARIBBEAN	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	10,734	WIRE TRANSFER			
		SOUTH AMERICA	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES	10,000	WIRE TRANSFER			
		SOUTH AMERICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	19,581	WIRE TRANSFER			
		SOUTH ASIA	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES	100,790	WIRE TRANSFER			
		SOUTH AMERICA	TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES	26,560	WIRE TRANSFER			
		EUROPE	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	21,000	WIRE TRANSFER			
		CENTRAL AMERICA & THE CARIBBEAN	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	8,718	WIRE TRANSFER			
		CENTRAL AMERICA & THE CARIBBEAN	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	10,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS	11,021	CHECK			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	7,535	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CONDUCTING RESEARCH TO DOCUMENT THE TOLL OF UNSAFE ABORTION AND/OR THE IMPACT OF PRACTICAL SOLUTIONS	23,212	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	20,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	20,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	10,251	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	13,070	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	10,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	15,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	21,340	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	9,750	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	9,610	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	IMPROVING HEALTH SERVICE DELIVERY TO MAKE ABORTION CARE SAFER AND MORE ACCESSIBLE FOR WOMEN AND LESS COSTLY TO HEALTH SYSTEMS	12,388	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	12,476	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	6,681	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS AND TRAINING HEALTH-CARE WORKERS TO PROVIDE SAFE, LEGAL ABORTION AND/OR POSTABORTION CARE SERVICES	11,225	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	5,572	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RAISING AWARENESS ABOUT THE TOLL OF UNSAFE ABORTION AND REDUCING BARRIERS TO SAFE SERVICE ACCESS	12,030	WIRE TRANSFER			

Additional Data

Return to Form

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

Part III **Supplemental Information**

Complete thıs part to provide the ınformatıon, explanatıon, or descrıptıons requıred for Part I, lınes 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete thıs part for any addıtıonal ınformatıon

Identifier	Return Reference	Explanation