Form

Department of the Treasur Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2022 Open to Public Inspection

For the 2022 calendar year, or tax year beginning and ending C Name of organization INTERNATIONAL PRIMATE PROTECTION Check if applicable: D Employer identification number LEAGUE Address change Doing business as 51-0194013 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 766 Initial return 843-871-2280 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated SUMMERVILLE SC 29484 3,839,214 G Gross receipts \$ Amended return Name and address of principal officer Application pending H(a) Is this a group return for subordinates? PAM MENDOSA PO BOX 766 H(b) Are all subordinates included? SUMMERVILLE SC 29484 If "No." attach a list. See instruction X 501(c)(3) 501(c) ( Tax-exempt status: ) (insert no.) WWW.IPPL.ORG H(c) Group exemption number X Corporation Trust Form of organization: Year of formation: 1973 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ණ 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 11 5 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T. Part I, line 11 0 7b Current Year 8 Contributions and grants (Part VIII, line 1h) 2,364,161 1,581,497 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 336,922 248,678 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 87,656 256,120 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,788,739 2,086,295 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 116,138 301,248 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 477.704 418,658 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 555,438 611,716 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 1,149,280 1,331,622 19 Revenue less expenses. Subtract line 18 from line 12 1,639,459 754,673 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 8,229,993 8,061,475 21 Total liabilities (Part X, line 26) 12,313 14,187 22 Net assets or fund balances. Subtract line 21 from line 20 8,217,680 8,047,288 Part II Signature Block Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office Here Type or print name and title reasurer Pnnt/Type preparer's name Check Paid DERRICK V. APPLE, CPA DERRICK V. APPLE, CPA self-employed 11/14/23 P01344940 Preparer JARRARD NOWELL & RUSSELL, LLC 20-2078804 Firm's EIN Use Only 975 MORRISON DR CHARLESTON, SC 29403 843-723-2768 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes No

onn :	990 (2022)	INTERNATIONAL	PRIMATE	PROTECTION	51-0194013	Page 2
		Statement of Progra				
		Check if Schedule O	contains a resp	onse or note to any	line in this Part III	<u>X</u>
		cribe the organization's miss	ion:			
SI	EE SCH	HEDULE O				
	100000000000000000000000000000000000000					
	Santanasa					**********************************
_	0.1 4		16			
		anization undertake any sigr 990 or 990-EZ?				Yeş X No
	•	escribe these new services of				announced desirations 163 22 No
		panization cease conducting,		changes in how it condu	cts, any program	8
	services?	,				Yes 🗓 No
	If "Yes," de	escribe these changes on Sc				
4	Describe th	ne organization's program se	rvice accomplishme	ents for each of its three la	argest program services, as meas	ured by
	expenses.	Section 501(c)(3) and 501(c)	)(4) organizations a	re required to report the a	amount of grants and allocations to	others,
	the total ex	penses, and revenue, if any,	, for each program .	service reported.		
	(Code:		301,24	8 including grants of	\$ 301,248 ) (	
W( II T( Al	ORKING NCLUDE D JUST ND WOF	TO PROTECT F S WORK TO MON FICE, SUPPORT K TO PROTECT E POPULATIONS	PRIMATES I HITOR AND FOR OVERS PRIMATES , CREATIO	N COUNTRIES EXPOSE ILLEG EAS SANCTUAR IN THE WILD N OF RESERVE	F ORGANIZATIONS A WHERE THEY ARE N EAL TRAFFICKING A LIES CARING FOR F (SUCH AS COLLECT S AND EDUCATIONA	MATIVE. THIS  IND BRING SMUGGLERS RESCUED PRIMATES,  ING DATA ON  L OUTREACH).
A(	DUCATE		N THE ISS	D OTHER EDUC SUES OF PRIMA	\$ )( ATIONAL REPORTS ATES; ILLEGAL TRA	
			<b>700</b> - 0			
G: C:		RELEASED FRO	CILITY DED M RESEARC	H FACILITIES	E CARE AND THE F	Revenue \$ REHABILITATION OF AND SUBSTANDARD IRS AND
4d	Other prog	ram services (Describe on S	Schedule (O.)			
. w	(Expenses		including gran	nts of \$	) (Revenue 5	<u> </u>
4e		ram service expenses		4,513		

N .		Yes	ı
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Г
complete Schedule A	1	X	
Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Ī
candidates for public office? If "Yes," complete Schedule C, Part I	3		
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			Γ
assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Γ
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
"Yes," complete Schedule D, Part I	6		
Did the organization receive or hold a conservation easement, including easements to preserve open space,			Г
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		
Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	21111		H
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
debt receiving conferm? If "Voc." complete Schedule C. Part IV	9		
Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			r
	10		
or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			r
VII, VIII, IX, or X, as applicable.			
Did the organization report an amount for land, buildings, and equipment in Part X, fine 10? If "Yes,"	44.	x	
Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	-	H
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	445		
Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b		H
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		
Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c	-	L
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	_	
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	_	H
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		L
		v	
Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	Х	H
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		-
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		-	-
Did the organization maintain an office, employees, or agents outside of the United States?	14a		
Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
fundraising, business, investment, and program service activities outside the United States, or aggregate		v	
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	-
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		.,	
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	H
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		L
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		L
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
If "Yes," complete Schedule G, Part III	19		L
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Ĺ
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		

	art to Greenist of Required Ochedules (communical)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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), 501(c)(4), and 501(c)(29) 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		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			**
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,		1 19	
	Part (V, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	300		х
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		х
22	complete Schedule N, Part II	32		72
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34		34		х
35a	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?		_	X
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	and the first within the assertion of poster 512/5/4222 If IVon I consider Cabadida D. Bort IV fine 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	300		
-	List of Constitution 2 of December 12 constitution D. Double 1 Constitution 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.500.000.000.000.000.00		
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	ALIES AND		
-			Yes	No
1a	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable			
b		)		
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and	2		
	reportable garning (gambling) winnings to prize winners?		X	

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

16

17

X

17

If "Yes," complete Form 4720, Schedule O.

Form 990 (2022) INTERNATIONAL PRIMATE PROTECTION 51-0194013 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 7 b Enter the number of voting members included on line 1a, above, who are independent 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ........ X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х describe on Schedule O how this was done. 12c Х Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X The organization's CEO, Executive Director, or top management official. X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions, 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC, CA, NJ, NY, PA, VA, WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply, X Own 'website X Another's website X Upon request Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy. and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

PO BOX 766

SC 29484

PAM MENDOSA

SUMMERVILLE

### Form 990 (2022) INTERNATIONAL PRIMATE PROTECTION

51-0194013

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any, See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	,			5			F	Total Sily Carronic Childon, Ci	rootor, or educor.	
(A) Name and title	(B) Average hours per week (list any	officer and a director/trustee)					e) an	(D)  Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual (rustee or director	nstitutional trustee	Officer	y employee	Highest compensaled employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) PAM MENDOSA	0.00									
TREASURER	0.00	X		x				0	0	0
(2) DR. SIAN EVANS	0.00	<b>!</b>	$\vdash$	-		$\vdash$	$\neg$			
,	0.00									
SECRETARY	0.00	X		X				0	0	0
(3) IAN REDMOND	0.00								,e	-
DIRECTOR	0.00	x		x				o	o	0
(4) DEBORAH MISOTTI	0.00	<del>                                     </del>	$\vdash$	-		$\vdash$	$\exists$			
(-1,	0.00									
CHAIRWOMAN	0.00	X		x		H		0	0	0
(5) SAM SHANEE		1				m				
The second the second and the second	0.00					1 1				
DIRECTOR	0.00	X		X				0	0	0
(6) ADAM CASSINGA	0.00									a
DIRECTOR	0.00	x		x		11		0	o	o
(7) ANGELA MALDONADO		+==		-		$\vdash$				
DIRECTOR	0.00	x		x				0		
(8) LOIS LIPPOLD	0.00	1	$\vdash$	^		++	-	0	0	0
(0) 1010 1111 0110	0.00									
DIRECTOR	0.00	x		x				o	o	0
(9)		Ë		-			┪	<u>_</u>		
	taream consonu									
(10)										
(11)										
nemana wana gara										

	Y Section A. Officers.  (A) Name and title	(B) Average hours per week	bo;	k, unle	Pos check ess pe	rson i	s balh	than one (D) (E) shall an Reportable Reportable r/trustee) compensation compensation		ortable Reportable			emount er	
121		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	d	from th nization	e n and	5
2200														
2100														
2.63														
		************								*				
P + 1-4	en e													_
F # F:4			(ac											
	SCOCHAROLINA PROTECTION I	1 C + 1 + + + + + + + + + + + + + + + +												
1b c d	Total from continuation shee Total (add lines 1b and 1c)		ctio	n A				53 231						
3	Total number of individuals (individuals (individuals compensation from the properties) and the organization list any for	the organization		0						0,800 of		7	Yes	No
4	employee on line 1a? If "Yes," of For any individual listed on line organization and related organi	complete Schedul 1a, is the sum of zations greater th	e J i repo an \$	for su ortabl i150,0	<i>uch i</i> le co 000?	ndivi mpe If "	dual nsatio /es,"	on a	and other compensation from aplete Schedule J for such	the		3		x
5	individual  Did any person listed on line 1a for services rendered to the organization	a receive or accru ganization? If "Yes	e co	mper	nsati	on fr	om a	ny t	unrelated organization or indi	vidual	2000000	5		X
1	on B. Independent Contracto Complete this table for your five	e highest compen	sate	d ind	eper	nden	t conf	tract	tors that received more than	\$100,000 of				
	compensation from the organiz	ation, Report com (A) d business address	pens	sation	n for	the	calen	dar	year ending with or within th Descrip	e organization's tax year. (B) tion of services		Con	(C) npensal	tion
					_			-						
	à							H						
2	Total number of independent or received more than \$100,000 or							ose	listed above) who	0			-	
DAA	TOUCHER HOLE HOLL & 100,000 (	J. Sampondation	- QLII		- gai							Forn	99	0 (20

Pa	art V	/III Stateme	ent of	Revenue	tains a	respor	se or note	to any line in th	is Part VIII	218.3 (CANADA - AND	П
		JINGK	Conc	<b>QUIO O 0011</b>		Порок	130 01 11010	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	b c d e f f g h	Federated camp Membership due Fundraising evel Related organiza Government grants (c All other contributions, and similar amounts in Noncash contributions lines 1a-1f Total. Add lines	es nts ations contributions gifts, gran of included included in	s) ts, above		\$ >>>>>>>> >>>>>>>>> >>>>>>>>>> >>>>>>>>	581,497 Business Code	1,581,497			
	1	Total. Add lines					()*******		25711		
	3	Investment incorr other similar ame Income from inve	ounts) 🧓	increase constructive	0.000,0000	10000000000	*********	177,949	177,949		
	5	Royalties	· · · · ·	(i) Real							
	l)	Gross rents	6a	(i) Real		(II) F	ersonal				
		Less: rental expenses Rental inc. or (loss)	6b 6c						4 4 4		
		d Net rental income or (loss) 7a Gross amount from (i) Securities		s)	NO DO DESCO	ecarcie: ecarce (W	Decretary was a resort				
						Other					
a)	h	sales of assets other than inventory  7a  b Less: cost or other	1,823	,64B							
Revenue	_	basis and sales exps. 7b 1,752		,919				-			
Rev	С	Gain or (loss)	7c		,729						
Other	d	Net gain or (loss	)	I HI I HILL	ويستي	nemic	2003/20110301	70,729	70,729		
₹	Ь	Gross income from (not including \$ of contributions rep 1c). See Part IV, lin Less: direct expe	oorted on ne 18 enses	line	8a 8b				×		
		Net income or (le			vents						
		Gross income fro activities. See Pa	art IV, lin		9a						
		Less: direct expe			9Ь						
		Net income or (k	•		ties						
	100	Gross sales of in returns and allow		less	10a						
	b	Less: cost of god	ods sold		10b						
	С	Net income or (le	oss) from	n sales of inver	ntory		100000000000				
Miscellaneous Revenue	<b>1</b> 1a	MISCELLANE	ous				Business Code	250,120			250,120
lane	b	RENTAL INC	OME					6,000			6,000
Scel	С					Trans.					
Ĭ		All other revenue				of 162 (\$10)		050 (30)			
_	-	Total revenue.			#164.00F			256,120 2,086,295	248,678	0	256,120
	14	Total revenue.	OUG IIIS	a double	2011	12/3/22/2	47-T17777 - 1	2,000,233	240,070	U	230,120

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			e column (A).	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		experises	ganara axpanasa	6Aptiloto
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
			: 10		
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		19		
	organizations, foreign governments, and	301,248	301,248		
	foreign individuals. See Part IV, lines 15 and 16'	301,240	301,240		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		- 1		
_	persons described in section 4958(c)(3)(B)	390,202	323,867	60,872	5,463
7	Other salaries and wages	390,202	323,001	00,012	5,403
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,456	23,619	4,439	398
10	Payroll taxes	20,400	23,013	4,437	390
11	Fees for services (nonemployees):				
a				-	
D	Legal				
C	Accounting				
a	Lobbying				
e	Professional fundraising services, See Part IV, line 17	48,654		48,654	
f	Investment management fees	40,004		40,034	
g	Other: (If fine 11g amount exceeds 10% of line 25, column	42,816	E 052	27 764	
4.5	(A) amount, list line 11g expenses on Schedule O.)	42,010	5,052	37,764	
12	•	79,066	63,904	13,703	1,459
13	Office expenses				1,459
14	Information technology	6,003	4,050	1,953	
15	Royalties				4
16	Occupancy	11,866	11,866		
17	Travel	11,800	11,000		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 505	0 505		
19	Conferences, conventions, and meetings	8,595	8,595		×
20	Interest				
21	Payments to affiliates	E1 000	20 004	12 224	780
22	Depreciation, depletion, and amortization	51,998	38,894	12,324	760
23	Insurance	26,698	22,346	4,352	
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e, If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)  REPAIRS AND MAINTENANCE	108,724	102,559	6,165	
a		92,085	92,085	0,165	
ь	SUPPLIES	44,700	44,700		
c	GRANTS	33,792	9,654	24,138	
d	CONTRACT LABOR	56,719		14,645	
e			42,074	229,009	8,100
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	1,331,622	1,094,513	229,009	0,100
∠0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				990

				(A)		(B)
_				Beginning of year		End of year
1	Cash—non-Interest-bearing			1,761,239	1	2,165,05
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			3		
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or former off	ficer, direct	or,	- A/A		
	trustee, key employee, creator or founder, substantial contr	ibutor, or 3	35%			
	controlled entity or family member of any of these persons		5			
6					-	
	under section 4958(f)(1)), and persons described in section				6	
7 8	Notes and loans receivable, net	outpulleur ve	1101001001001001001	90,571	7	
8	Inventories for sale or use		1,000	8	1,000	
9	Prepaid expenses and deferred charges			18,250	9	23,397
10a	Land, buildings, and equipment: cost or other		18	STATE OF THE PARTY	5700	of the wide in the second
	basis. Complete Part VI of Schedule D	10a	2,644,419		184	
b	Less: accumulated depreciation	10b	1,572,044	1,113,149	10c	1,072,375
11	Investments—publicly traded securities			5,245,784	11	4,799,651
12	Investments—other securities. See Part IV, line 11		***************************************	12		
13	Investments—program-related. See Part IV, line 11			13		
14	Intangible assets			14		
15	Other seeds Can Bod IV See 44				15	
16	Total assets. Add lines 1 through 15 (must equal line 33)			8,229,993	16	8,061,475
17	Accounts payable and accrued expenses			12,313	17	14,187
18	Grants payable			18		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV of S	chedule D		*	21	
22	Loans and other payables to any current or former officer, of					
	trustee, key employee, creator or founder, substantial contri	ibutor, or 3	15%			
	controlled entity or family member of any of these persons		L		22	
23	Secured mortgages and notes payable to unrelated third pa	Alan			23	
24	Unsecured notes and loans payable to unrelated third partie	1000000			24	
25	Other liabilities (including federal income tax, payables to re-	elated third				
	parties, and other liabilities not included on lines 17-24). Co	mplete Pa	rt X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			12,313	26	14,187
	Organizations that follow FASB ASC 958, check here	X				<del></del>
	and complete lines 27, 28, 32, and 33.	_				
27	Net assets without donor restrictions			8,217,680	27	8,046,738
28	Net assets with donor restrictions				28	550
	Organizations that do not follow FASB ASC 958, check					
	and complete lines 29 through 33.	_		- 1		
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipment fu	and the same of th		30		
31	Retained earnings, endowment, accumulated income, or of	110 11100	111.04444.04114.0444		31	
32	Total net assets or fund balances			8,217,680	32	8,047,288
		THE RESERVE AND ADDRESS.	and the second s	8,229,993		8,061,475

orm	990 (2022) INTERNATIONAL PRIMATE PROTECTION 51-0194013			Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	eranana.			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,33		
	Revenue less expenses, Subtract line 2 from line 1	3			673
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,21		
5	Net unrealized gains (losses) on investments	5	-92	25,1	065
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	8,04	17,2	288
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1000		FF
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.	98	10	12	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:		1000	4	2
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				-1
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1.00	= 1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on		1.5		14.
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3ь		
			For	990	0 (2022)

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# 8082X INTERNATIONAL PRIMATE PROTECTION 51-0194013

# Federal Statements

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Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business		Depr Basis Period Method Deduction Section 179	942 5.0 S/L- \$		5.0 s/L-	757 5.0 S/L-	427 \$ 3,118 \$ 0
v Used More		Depr Basis	\$ 23,942	15,589	29,139	32,757	\$ 101,427
e 26 - Propert		Cost	23,942	15,589	29, 139	32,757	101,427
Line			S				S
- Form 4562.		Business %	100.00	100.00	100:00	100,00	
tement 1	Property Type	Date	2/28/14	6/14/19	12/31/04	9/19/12	
Sta			2014 NISSAN FRONTIER	2010 FORD F150	TOYOTA	2012 TOYOTA SIENNA	TOTAL

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

INTERNATIONAL PRIMATE PROTECTION

OMB No. 1545-0047

2022

Open to Public
Inspection
Employer identification number

LEAGUE 51-0194013 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 1 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization (f) Name of supported (iii) E(N (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10) listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Page 2

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

Sec	tion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			::			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Çaler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10						
11							
12	Gross receipts from related activities, etc. (:		***************	unisaturianasasasasas	28:50:000:000:000:000	12	
13	First 5 years. If the Form 990 is for the org			*			
Sec	organization, check this box and stop here tion C. Computation of Public S		ntage		erinerali beli con di		
14	Public support percentage for 2022 (line 6,			n\		14	%
15	Public support percentage from 2021 Scheo	tule A Part II line 1					%
16a	33 1/3% support test—2022. If the organiz			and line 14 is 33 1/			70
	box and stop here. The organization qualific				on a more, encon	(110	
ь	33 1/3% support test-2021. If the organiz				33 1/3% or more, o	theck	
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test—2022	, ,		LOTE STATE OF STATE O	r 16b, and line 14 i	::::::::::::::::::::::::::::::::::::::	
	10% or more, and if the organization meets						
	Part VI how the organization meets the fact						
	organization						
Ь	10%-facts-and-circumstances test—202	1. If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line	)	************
	15 is 10% or more, and if the organization r						
	in Part VI how the organization meets the fa	acts-and-circumstan	ces test. The organ	ization qualifies as	a publicly supporte	ed	
	organization						
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		AND ADDRESS OF THE PARTY OF THE
	instructions						
							A (Form 990) 2022

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants,")	1,084,275	1,147,396	884,012	2,361,561	1,580,166	7,057,410
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	4,796	2,088	1,171	2,600	1,331	11,986
3	Gross receipts from activities that are not an unrelated trade or business under section 513			i.			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					i-:	
5	The value of services or facilities fumished by a governmental unit to the organization without charge				,		
6	Total. Add lines 1 through 5	1,089,071	1,149,484	885,183	2,364,161	1,581,497	7,069,396
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						7,069,396
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1,089,071	1,149,484	985,183	2,364,161	1,581,497	7,069,396
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	142,846	157,147	140,765	336,922	248,678	1,026,350
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add tines 10a and 10b	142,846	157,147	140,765	336,922	248,678	1,026,358
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			14,550	87,656	256,120	358,326
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,231,917	1,306,631	1,040,498	2,788,739	2,086,295	8,454,080
14	First 5 years. If the Form 990 is for the org	anization's first, seco	ind, third, fourth, or	fifth tax year as a s	section 501(c)(3)		
0	organization, check this box and stop here			************			
	tion C. Computation of Public S					45	52 50 9/
15	Public support percentage for 2022 (line 8, 4	no 045 65					83.62 %
16	Public support percentage from 2021 Sched	The second secon		******************		16	86.99%
	tion D. Computation of Investme			uma /f\\		17	12%
17	Investment income percentage for 2022 (limit			CHIIII (III) SALEMANNIA		18	12 %
18 19a	Investment income percentage from 2021 S 33 1/3% support tests—2022. If the organi			and line 15 is more	than 33 1/3% on	1 4 5 4 C ( 1 0 1 1 1 ) ( )	12 /0
13/8	17 is not more than 33 1/3%, check this box						X
ь	33 1/3% support tests—2021. If the organi	·	-				
-	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	,				<u> </u>	

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

_	Yes	No
1		
2	8 Y   18	
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9¢		
10a		

Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	(1,500)	15,1150	
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11/30		
Cast	provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Van	No
	Did the any walks had a marker of the gavernine had a officer action in their official connects, or marker him of one of		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	Se 115		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	CTO		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	100	100	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-11		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		7	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	- 3	100	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard.  on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	FI		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ins).		
2	Activities Test, Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes.	1		
	how the organization was responsive to those supported organizations, and how the organization determined	1 1	1	
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	1		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer Ilnes 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

2

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Schedule A (Form 990) 2022

Enter 0.85 of line 1.

4 Enter greater of line 2 or line 3.

(see instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509(a	(3) Supporting Organiz	ations (continued	d)	
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	poses		1	
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-provide of	letails in Part VI)		5	
6	Other distributions (describe in Part VI), See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organ	ization is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ş	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		Jeneral addition to	Jug	
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required–explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
	From 2018				
	From 2019				
d	From 2020				
	From 2021				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
j	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
741	Excess from 2019			$\neg$	
	Excess from 2020			$\neg$	
	Excess from 2021			$\neg$	
	Excess from 2022				

Schedule A (F	orm 990)	2022							PROTE			194013	Page 8
Part VI	III, I B, Ii	ine 12; ines 1 a	Part IV ind 2; f	/, Sectio Part IV,	n A, line Section	es 1, 2, 3 C, line 1	3b, 3c, 4 1; Part I\	lb, 4c, 5 /, Secti	5a, 6, 9a, on D, line	9b, 9c, 11 s 2 and 3	la, 11b, and ; Part IV, Se	l, line 17a or 11c; Part IV, ction E, lines ; and Part V,	17b; Part Section 1c, 2a, 2b,
											e instructions		
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization INTERNATIONAL PRIMATE PROTECTION LEAGUE 51-0194013 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2Ь c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register 2dNumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is localed Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

681,407

826,897

1,136,115

523,130

1,048,914

681,407

303,767

87,201

1,072,375

1a Land

Buildings

d Equipment

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

Sche	dule D (Form 990) 2022 INTERNATIONAL PRIMATE PRO-		51-019401.		Page 4
Pa	Reconciliation of Revenue per Audited Financial St			eturn.	#1
1	Complete if the organization answered "Yes" on Form 9  Total revenue, gains, and other support per audited financial statements	990, Fan IV, III	e 12a.	1	1,161,230
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		0250700000000	12	,,
a	Net unrealized gains (losses) on investments	2a	-925,065	26	
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	TELESTER PATROLOGICA	E	2e	-925,065
3	Subtract line 2e from line 1			3	2,086,295
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				
Ь	[17] T. T. T. T. T. C. C. T. T. T. C. C. C. T. C.	4b			
с 5	Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	2 000 005
	irt XII Reconciliation of Expenses per Audited Financial S			5 Petur	2,086,295
	Complete if the organization answered "Yes" on Form 9			Ketan	1.
1	Total expenses and losses per audited financial statements			1	1,331,624
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	AUTONIONISTE OUTE		0711	<del>-</del>
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2ь			
С	Other losses	2c			
d <sub>o</sub>	Other (Describe in Part XIII.)	2d	2		_
	Add lines 2a through 2d			2e	2
	Subtract line 2e from line 1			3	1,331,622
	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 4b			
	Other (Describe in Part XIII.) Add lines 4a and 4b			4-	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	1,331,622
	rt XIII Supplemental Information.				1/331/021
rovio	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b;	Part V, line 4; Part X,	line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid				
PF	ART XII, LINE 2D - EXPENSE AMOUNTS INCLU	DED IN FI	NANCIALS -	OTHE	R
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Schedule D (Fo	orm 990) 2022 I	NTERNATIONAL	PRIMATE	PROTECTION	51-0194013	Page 5
Part XIII	Supplemental	Information (contin				
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### SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990,

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL PRIMATE PROTECTION

Employer identification number 51-0194013

		TIENGUE.			51-01940	
P		Seneral Information form 990, Part IV, line		utside the United States.	Complete if the organization ans	wered "Yes" on
1				substantiate the amount of its grant	s and	
	-			istance, and the selection criteria use		
						X Yes No
2			the organization's prod	cedures for monitoring the use of its	grants and other assistance	
	outside the	United States.				5
3				e duplicated if additional space is nee		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)				#		
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m 990) 2022 INTERNATIONAL PRIMATE PROTECTION 51-0194013
Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form Schedule F (Form 990) 2022 Part II

(a) Name of	(b) IRS code	(c) Region	(d) Purpose of		(e) Amount of	(f) Wanner of	(g) Amount of	(h) Description	valuation
ordanization	section and EIN	:	grant		cash grant	cash	noncash	of noncash assistance	(book, FMV,
	(if applicable)					disbursement	assislance		appraisal, omerj
			ANIMAL PROTECTION	TION	12,875	ELECTRONIC	FUND		
(3)		NORTHERN	EUROPE		5				
			ANIMAL PROTECTION	TION	11,000	ELECTRONIC	FUND		
(2)		SOUTHERN	AFRICA						
			ANIMAL PROTECTION	TION	11,000	ELECTRONIC	FOND		
(3)		EASTERN A	AFRICA						
			ANIMAL PROTECTION	TION	10,000	ELECTRONIC	FUND		
. (4)		SOUTHERN	ASIA						
			ANIMAL PROTECTION	TION	10,250	ELECTRONIC	FUND		
(5)		CENTRAL S	SOUTH AMERICA						
			ANIMAL PROTECTION	TION	10,000	ELECTRONIC	FUND		
(9)		CENTRAL S	SOUTH AMERICA						
			ANIMAL PROTECTION	TION	20,000	ELECTRONIC	FUND		
(2)		NORTHERN	SOUTH AMERICA						
			ANIMAL PROTECTION	TION	10,000	ELECTRONIC	EUND:		
(8)		SOUTHERN	AFRICA						
			ANIMAL PROTECTION	TION	10,000	ELECTRONIC	FUND		
(6)		SOUTHEAST	ASIA						
			ANIMAL PROTECTION	TION	15,320	ELECTRONIC	FUND:		
(10)		SOUTHERN	ASIA						
			ANIMAL PROTECTION	TION	10,000	ELECTRONIC	FUND		
(11)		NORTHERN	SOUTH AMERICA						
			ANIMAL SANCTUARY	ARY	21,034	ELECTRONIC	FUND		
(12)		CENTRAL A	AFRICA						
			ANIMAL PROTECTION	NOIL	20,000	ELECTRONIC	FOND		
(13)		WESTERN A	AFRICA						
			ANIMAL PROTECTION	NOIL	10,000	ELECTRONIC	GNO.		
(14)		CENTRAL A	AFRICA						
			ANIMAL PROTECTION	NOIL	10,000	ELECTRONIC	FUND	ê	
(15)		NORTHERN	SOUTH AMERICA						
			ANIMAL PROTECTION	NOIL	18,844	ELECTRONIC	FUND		
10.75		SOUTHERN	AFRICA						

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

3

Schedule F (Form 990) 2022

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form (h) Description of noncash assistance 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of noncash assistance FUND 5 FUND FUND ELECTRONIC ELECTRONIC ELECTRONIC ELECTRONIC disbursement (f) Manner of 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 10,000 10,550 10,375 exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 10,000 51-0194013 (e) Amount of cash grant PROTECTION PROTECTION ANIMAL PROTECTION PROTECTION INTERNATIONAL PRIMATE PROTECTION (d) Purpose of grant ANIMAL ANIMAL ANIMAL AFRICA AFRICA SOUTHEAST ASIA ASIA SOUTHERN SOUTHERN CENTRAL (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2022 (a) Name of organization Part II (4) (5) (10) (11) (12) (13) (14) (15) £ (2) 3 (9) 0 8 (6) (16)

Schedule F (Form 990) 2022

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(a) Yose of grant or assistance (b) Region (c) Number of	(b) Region	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(a) Description	(h) Method of
16		recipients	cash grant	cash disbursement	noncash assistance	of noncesh assistance	vakuation (book, FMV, appraisal, other)
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Sche	edule F (F	Form 990) 2022	INTERNATIONAL	PRIMATE	PROTECTION	51-0194013		Page 4
Pa	irt IV	Foreign F	orms					
1	the orga	anization may be	J.S. transferor of property required to file Form 926, tions for Form 926)	, Return by a U	S. Transferor of Proper	,,	Yes	X No
2		•	e an interest in a foreign to	•	* *	• .,		
			y file Form 3520, Annual i					
	,		gn Gifts, and/or Form 352			•		_
	U.S. O	wner (see Instruct	tions for Forms 3520 and	3520-A; dan't f	ile with Form 990)	one and the second second	Yes	X No
3	Did the	organization have	e an ownership interest in	a foreign corpo	ration during the tax yea	rr? If "Yes,"		
	the orga	anization may be	required to file Form 547	1, Information F	Return of U.S. Persons 1	With Respect to	250	
	Certain	Foreign Corpora	tions (see Instructions for	Form 5471)			Yes	X No
4	Was the	e organization a d	firect or indirect sharehold	er of a passive	foreign investment comp	pany or a		
	qualified	delecting fund du	ring the tax year? If "Yes,"	" the organization	on may be required to fi	le Form 8621,	¥	25
	Informa	tion Return by a	Shareholder of a Passive	Foreign Investi	ment Company or Quali	ified Electing		
	Fund (s	ee Instructions fo	or Form 8621)		accesemos dinomeros co	i ne e columnos con l'anti interes calva se ses 45	Yes	X No
5	Did the	organization have	an ownership interest in	a foreign partne	ership during the tax yea	ır? ff "Yes,"		
	the orga	anization may be	required to file Form 8868	5, Return of U.S	S. Persons With Respec	et to Certain		
	Foreign	Partnerships (se	e Instructions for Form 80	865)			Yes	X No
6	Did the	organization have	any operations in or relat	ed to any boyo	otting countries during th	e tax year? If		
			nay be required to separat		-	•		
	Instructi	ons for Form 571	3; don't file with Form 990	0)		(6) 0999-998-74908-00000-0000-000-0000	Yes	X No
							ALCOHOLD AND AND AND ADDRESS OF THE PARTY OF	

Schedule F (Form 990) 2022

### Part V Supplemental Information

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

	PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS											
	IPPL IS SELECTIVE TO WHICH ORGANIZATIONS RECEIVE GRANT FUNDS. ALL GRANTS											
	MUST BE APPLIED FOR IN THE CURRENT YEAR AND MOST HAVE AN EXPRESS PURPOSE.											
	THESE APPLICATIONS ARE EVALUATED BY THE LEADERSHIP TEAM AT IPPL TO											
	DETERMINE THAT THE ORGANIZATION IS ETHICAL AND MEETS THE LEVEL OF NEED											
	RELATED TO THE REQUESTED FUNDS. IPPL WILL RANDOMLY ASK FOR UPDATES ON											
	PROJECTS IN WHICH GRANT FUNDS HAVE BEEN AWARDED.											
5/1												
	THE RESIDENCE OF THE PROPERTY											
100												
	The first control of the matter party and an appearance of the strength of the											

### SCHEDULE O (Form 990)

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

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

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization INTERNATIONAL PRIMATE PROTECTION	Employer identification number											
LEAGUE	51-0194013											
FORM 990 - ORGANIZATION'S MISSION												
3724428												
PROTECTING THE WORLD'S REMAINING PRIMATES BY MONI	TORING AND EXPOSING											
ILLEGAL TRADE, SUPPORTING A WORLDWIDE NETWORK OF	OVERSEAS SANCTUARIES AND											
NGO'S, PUBLICISING THE PLIGHT OF ABUSED PRIMATES,	MISSION  AINING PRIMATES BY MONITORING AND EXPOSING  A WORLDWIDE NETWORK OF OVERSEAS SANCTUARIES AND SHT OF ABUSED PRIMATES, AND OPERATING A SANCTUARY  B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  CONDUCTED.  - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  THE PUBLIC											
FOR RESUED GIBBONS.												
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCE NO REVIEW WAS OR WILL BE CONDUCTED.												
*												
	**************************************											
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS	DISCLOSURE EXPLANATION											
NO DOCUMENTS AVAILABLE TO THE PUBLIC												
NO DOCOMENTO AVAILABLE TO THE POBLIC												
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	THE SECTION CONTRACTOR OF THE SECTION OF THE SECTIO											
	CONTROL AND CONTROL PROPERTY CONTROL C											
	MINISTER STATE OF THE STATE OF											

Form 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

### **Depreciation and Amortization**

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

INTERNATIONAL PRIMATE PROTECTION

OMB No. 1545-0172

Attachment Sequence No

Identifying number LEAGUE 51-0194013 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 Maximum amount (see instructions) 1 1 Total cost of section 179 property placed in service (see instructions) 2 2 2,700,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) 6 (a) Description of property Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 Business income limitation, Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than fisted property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 48,882 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in lax years beginning before 2022 0 17 If you are electing to group any assets placed in service during the lax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (g) Depreciation deduction (a) Classification of property placed in (business/investment use only-see instructions) service 19a 3-year property b 5-year property 7-year property 10-year property 15-year property f 20-year property 25-year property 25 yrs. S/L 27.5 yrs. MM S/I Residential rental property ММ 27.5 yrs. S/I ММ S/L i Nonresidential real property MM Section C-Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life SIL 12-year 12 yrs. b S/L МАМ S/L 30-year 30 yrs. d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 3,118 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 52,000 here and on the appropriate lines of your return, Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

2

	art V Liste	d Prop	erty (Include	automobil	es, cer	tain o	other v	ehicles	, certa	in airc	raft, ai	nd pro	perty u	sed for		Page
	enter Note:	<b>tainmen</b> For any ve	t, recreation, chicle for which y through (c) of S	or amuse rou are using	ement.) the stand	l dard mi	leage rai	te or dedu	ucting lea							
		Section A	—Depreciation	and Other I	nformati	on (Ca	ution: S	See the in	struction	s for lim	its for p	assenge	er automo	biles.)		
24a	Do you have evidence	e to support t	he business/investme	ant use claimed?			Yes	No	24b	if "Yes,	" is the	evidenc	e written?	•	Yes	N
	of property Date	(b) placed service	(c) Business/ investment use percentage	(d) Cost or other basis			(e) Basis for depreciation (business/investment use only)		(f) Recove pence	·	(g) Method/ Convention		(h) Depredation deduction		(i) Elected section 179 cost	
25	Special depreciat															
26	the tax year and Property used mo					See in	struction	\$		· · · · · · · · · · · · · · · · · · ·	82	25				-
	EE STATEM		7/6 III a qualified	Dusiness use	,	1	_		T -				_			
			%	10:	1,427	-	101	,427		-		-	:	3,118		
			%													
27	Property used 50	% or less	in a qualified bus	iness use:		_										
			%							S/	L-					
28	Add amounts in o	olumo (b)	lines 25 through	37 Enter her	m and a	line 2	1	4		S/		_		710		
29	Add amounts in c								********	0.0000		28		3,118		
	rida diridano in c	Oldinat (i), i	ille 20. Litter fier											29		
Comi	plete this section fo	r vehicles i	n eles e vid beau	consister earl	DOL OLO	morria	ation on	Use of	venicles	; 	16.		دور و دود			
to val	ur employees, first	answer the	e guestions in Se	ction C to se	e if vou r	neeter neeter	ore man	076 UWIII	er, or re	ialeo pe bie secti	rson. Ir y ion for th	ou prov	rided veni Video	cles		
	,		4	1	(a			(b)			T TOT U	(d)		(e)		(f)
30	Total business/investment miles driven during			9		Vehicle 1 Vehicle 2			(c) (d) Vehide 3 Vehide 4						(f) Vehicle 6	
	the year (don't in			200,200,000												
31	Total commuting i			manne												
32	Total other person	nal (nonco	mmuting)													
							-									
33	Total miles driven		year. Add													
	lines 30 through 3	0.1000.101			1		-	1						,		
34	Was the vehicle a			-	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	use during off-dut			100.0000000	_			-			-		-	-		
99	Was the vehicle u				- 1						l)					
	than 5% owner or												-			-
36	Is another vehicle					. 10%	D				<u> </u>		ļ			L
	er these questions	to determin		n exception to												
	than 5% owners o															
37	Do you maintain a	written po	slicy statement th	at prohibits a	II person	al use	of vehick	es, includi	ing com	nuting, t	ру				Yes	No
	your employees?	A 30 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		***********		nosaen										
38	Do you maintain a										ır					
39	employees? See it					cers, a	irectors,	or 1% or	more or	Whers		20000000	555503500	MATERIAL STREET		
10	Do you treat all us Do you provide me			•		form t	nevestares	Told Deni						17.000,000		
••	use of the vehicles				Obtain				•	idout the	9					
11	Do you meet the				obile der	nonetra	tion use	2 Soo inc	tructions		in the	ionara.	1000000			
	Note: If your answ															
Pa		tization	30, 00, 10, 01 41	10 100, 0011	Compic	0000	101 0 101	trie cove	red veril	ucs.						
				(b)								(e)	T			
		(a) on of costs		Date amortization begins			(c) Amortizable amount			(d) Code section		Amortization period or percentage		(f) Amortization for this yea		s year
12	Amortization of co	sts that he	gins during vour	2022 tay ves	ir (see in	Struction	יופתי					percen	unde.			
			and saming you	LULL KUN YOU	e 1000 II	Subcac	110).						-			
13	Amortization of cos	sts that beg	gan before your :	2022 tax year		-							43			
14	Total. Add amour				0.77	report							44			