

Form <b>990</b> Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold;">2020</div> Open to Public Inspection
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<b>A</b> For the 2020 calendar year, or tax year beginning and ending																																			
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>POPULATION ACTION INTERNATIONAL</b></td> <td rowspan="4"><b>D</b> Employer identification number <b>52-0812075</b></td> </tr> <tr> <td colspan="2">Doing business as <b>PAI</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><b>1300 19TH STREET, N.W.</b></td> <td><b>200</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b></td> <td><b>E</b> Telephone number <b>202-557-3400</b></td> </tr> <tr> <td colspan="2" rowspan="2"><b>F</b> Name and address of principal officer: <b>NABEEHA KAZI HUTCHINS</b> <b>SAME AS C ABOVE</b></td> <td><b>G</b> Gross receipts \$ <b>12,220,869.</b></td> </tr> <tr> <td><b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td><b>H(b)</b> Are all subordinates included? ..... Yes No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"></td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527</td> <td></td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.PAI.ORG</b></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td><b>L</b> Year of formation: <b>1965</b> <b>M</b> State of legal domicile: <b>DC</b></td> </tr> </table>	<b>C</b> Name of organization <b>POPULATION ACTION INTERNATIONAL</b>		<b>D</b> Employer identification number <b>52-0812075</b>	Doing business as <b>PAI</b>		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>1300 19TH STREET, N.W.</b>	<b>200</b>	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b>		<b>E</b> Telephone number <b>202-557-3400</b>	<b>F</b> Name and address of principal officer: <b>NABEEHA KAZI HUTCHINS</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>12,220,869.</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No			<b>H(b)</b> Are all subordinates included? ..... Yes No			If "No," attach a list. See instructions			<b>H(c)</b> Group exemption number ▶	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			<b>J</b> Website: ▶ <b>WWW.PAI.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1965</b> <b>M</b> State of legal domicile: <b>DC</b>
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<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>14</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>12</b>	
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....	<b>5</b>	<b>55</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>12</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>20,286,887.</b>	<b>10,363,631.</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>1,334,985.</b>	<b>1,050,881.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>230,698.</b>	<b>526,129.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>1,799.</b>	<b>35,962.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>21,854,369.</b>	<b>11,976,603.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>5,342,566.</b>	<b>6,302,625.</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>5,700,163.</b>	<b>5,509,920.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,412,184.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>5,352,869.</b>	<b>4,054,969.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>16,395,598.</b>	<b>15,867,514.</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>5,458,771.</b>	<b>-3,890,911.</b>	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) .....	<b>30,020,825.</b>	<b>26,651,467.</b>	
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>2,118,510.</b>	<b>2,633,708.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>27,902,315.</b>	<b>24,017,759.</b>	

<b>Part II Signature Block</b>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
<b>Sign Here</b>	Signature of officer _____ Date _____ <b>BERYL H. ISAAC, CHIEF FINANCIAL OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>J. CALVIN MARKS</b>				<b>P01226973</b>
	Firm's name ▶ <b>JOHNSON LAMBERT LLP</b>			Firm's EIN ▶ <b>52-1446779</b>	
	Firm's address ▶ <b>4242 SIX FORKS ROAD, SUITE 1500</b> <b>RALEIGH, NC 27609</b>			Phone no. <b>919-719-6400</b>	

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>POPULATION ACTION INTERNATIONAL</b>	Taxpayer identification number (TIN)  <b>52-0812075</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1300 19TH STREET, N.W., NO. 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**GARRETT MICHAEL**

- The books are in the care of ► **1300 19TH STREET, NW, SUITE 200 - WASHINGTON, DC 20036**  
Telephone No. ► **202-557-3400** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2020** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8453-EO****Exempt Organization Declaration and Signature for  
Electronic Filing**

OMB No. 1545-0047

For calendar year 2020, or tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20 \_\_\_\_\_

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

Go to [www.irs.gov/Form8453EO](http://www.irs.gov/Form8453EO) for the latest information.**2020**Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

Taxpayer identification number

**POPULATION ACTION INTERNATIONAL****52-0812075****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>11,976,603.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

**Part II Declaration of Officer or Person Subject to Tax**

8 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named organization or ☐ I am the person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign  
Here

Signature of officer or person subject to tax

Date

**CHIEF FINANCIAL OFFICER**

Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's  
Use  
OnlyERO's  
signatureFirm's name (or  
yours if self-employed),  
address, and ZIP code

Date

11/12/2021Check if  
also paid  
preparer ☒Check  
if self-  
employed ☐

ERO's SSN or PTIN

P01226973JOHNSON LAMBERT LLP4242 SIX FORKS ROAD, SUITE 1500RALEIGH, NC 27609

Phone no.

919-719-6400

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid  
Preparer  
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-  
employed ☐

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

Product: **Exempt**  
Name: **POPULATION ACTION INTERNATIONAL**  
FEIN: **\*\*\*\*\*2075**  
Bank Info:  
Fiscal Year Begin Date: **1/1/2020**  
IRS Message:

Category:  
  
Plan Number:  
  
Fiscal Year End Date: **12/31/2020**

IRS Center: **Ogden**  
e-Postmark: **11/12/2021 1:23 PM**  
  
Notification:  
  
eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/12/2021	20X:52-0812075:V1	Upload Started	56370820213160384e26		Marks, Calvin	
11/12/2021	20X:52-0812075:V1	Released for Transmission - Validation in Progress			Marks, Calvin	
11/12/2021	20X:52-0812075:V1	Ready to transmit - Validation Complete				
11/12/2021	20X:52-0812075:V1	Transmitted to FD				
11/12/2021	20X:52-0812075:V1	Accepted by FD on 11/12/2021				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 8,768,941. including grants of \$ 4,119,351. ) (Revenue \$ 1,050,881. )  
**SUPPORTING INTERNATIONAL SRHR ADVOCACY**

IN 2020, PAI WORKED WITH LOCAL ORGANIZATIONS IN THE GLOBAL SOUTH, PROVIDING 96 PARTNERS IN 33 COUNTRIES WITH \$4.7 MILLION IN GRANTS, ADVOCACY SUPPORT AND STRATEGIC GUIDANCE TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN THEIR OWN COUNTRIES. PAI'S INTERNATIONAL PROGRAMS INCLUDE:

ADVANCE FAMILY PLANNING OPPORTUNITY FUND: SUPPORTS CIVIL SOCIETY ORGANIZATIONS IN LOW- AND MIDDLE-INCOME COUNTRIES TO SEIZE FAST-MOVING, HIGH-IMPACT REPRODUCTIVE HEALTH AND FAMILY PLANNING ADVOCACY OPPORTUNITIES.

**4b** (Code: ) (Expenses \$ 3,536,701. including grants of \$ 2,183,274. ) (Revenue \$ )  
**INCUBATING NEW PARTNERSHIPS**

IN 2020, PAI CONTINUED TO SUPPORT THE SECRETARIAT FOR THE PRIMARY HEALTH CARE PERFORMANCE INITIATIVE (PHCPI). PHCPI BRINGS TOGETHER COUNTRY POLICYMAKERS, HEALTH SYSTEM MANAGERS, PRACTITIONERS, ADVOCATES, OTHER DEVELOPMENT PARTNERS AND COMMUNITY TO CATALYZE AND ACCELERATE PRIMARY HEALTH CARE IMPROVEMENT IN LOW- AND MIDDLE-INCOME COUNTRIES THROUGH BETTER MEASUREMENTS, KNOWLEDGE MANAGEMENT, ADVOCACY AND COUNTRY ENGAGEMENT IN ORDER TO ACHIEVE QUALITY UNIVERSAL HEALTH COVERAGE MORE QUICKLY, EFFICIENTLY AND EQUITABLY.

**4c** (Code: ) (Expenses \$ 1,454,377. including grants of \$ ) (Revenue \$ )  
**CHAMPIONING U.S. GOVERNMENT SUPPORT OF SRHR**

U.S. GOVERNMENT RELATIONS IS ONE OF PAI'S CORE BODIES OF WORK ADVOCATING FOR ROBUST FOREIGN ASSISTANCE POLICIES AND INCREASED FUNDING TO SUPPORT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS WORLDWIDE.

PAI IS DEDICATED TO ADVANCING EVIDENCE-BASED U.S. GOVERNMENT POLICIES AND FUNDING IN SUPPORT OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS. THROUGH OUR U.S. GOVERNMENT RELATIONS WORK, WE CULTIVATE A BROAD, KNOWLEDGEABLE AND ENGAGED BASE OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS CHAMPIONS IN CONGRESS. TOGETHER WITH THESE CHAMPIONS, PAI ADVOCATES TO INCREASE U.S. BILATERAL AND MULTILATERAL FAMILY PLANNING

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **13,760,019.**

**Part IV Checklist of Required Schedules**

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



**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	34
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 55		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			



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

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

☒ X

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	14			
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.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		12		
<b>2</b> 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
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**GARRETT MICHAEL - 202-557-3400**  
**1300 19TH STREET, NW, SUITE 200, WASHINGTON, DC 20036**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETH TRITTER EXECUTIVE DIRECTOR, PHCPI	40.00				X			279,842.	0.	38,423.
(2) CAROLYN VOGEL INTERIM CO-CEO; CHIEF OPERATING OFFI	40.00	X		X				184,581.	0.	33,507.
(3) ELISHA DUNN-GEORGIOU INTERIM CO-CEO; VICE PRESIDENT OF PO	40.00	X		X				183,307.	0.	26,888.
(4) THERESA BLANDON VICE PRESIDENT OF EXTERNAL RELATIONS	40.00				X			176,235.	0.	30,815.
(5) JONATHAN RUCKS SENIOR DIRECTOR, POLICY & ADVOCACY	40.00					X		141,506.	0.	23,212.
(6) WENDY TURNBULL SENIOR ADVISOR, INTERNATIONAL ADVOCA	40.00					X		145,018.	0.	11,472.
(7) CRAIG LASHER SENIOR FELLOW	40.00					X		126,358.	0.	22,577.
(8) KATHERINE SMITH DIRECTOR OF FOUNDATION RELATIONS	40.00					X		128,131.	0.	15,330.
(9) ARIANA CHILDS-GRAHAM DIRECTOR, PRIMARY HEALTH INITIATIVE	40.00					X		124,496.	0.	18,852.
(10) SUZANNE EHLERS PRESIDENT & CEO (TO 2/2020)	40.00	X		X				27,270.	0.	3,958.
(11) KIMBERLY BROOKS CHAIR	3.00	X		X				0.	0.	0.
(12) NANCY DECK VICE CHAIR	2.00	X		X				0.	0.	0.
(13) BARBARA CAMENS SECRETARY	1.00	X		X				0.	0.	0.
(14) SUELLEN LAMBERT LAZARUS TREASURER	2.00	X		X				0.	0.	0.
(15) DR. SHARON L. CAMP DIRECTOR	1.00	X						0.	0.	0.
(16) PATRICIA FAIRFIELD DIRECTOR	1.00	X						0.	0.	0.
(17) LUIS GUARDIA DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUJATA LAMBA DIRECTOR	1.00	X						0.	0.	0.
(19) ELIZABETH LULE DIRECTOR	1.00	X						0.	0.	0.
(20) JACKIE PAYNE DIRECTOR	1.00	X						0.	0.	0.
(21) ADA WILLIAMS PRINCE DIRECTOR	1.00	X						0.	0.	0.
(22) DR. MARI SIMONEN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,516,744.	0.	225,034.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,516,744.	0.	225,034.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GLOBAL HEALTH STRATEGIES, LLC, 38 EAST 32ND STREET, 12TH FLOOR, NEW YORK, NY	CONSULTANT	305,108.
BOSTON UNIVERSITY FAMILY MEDICINE, INC., ONE BOSTON MEDICAL CENTER PLACE, BOSTON,	CONSULTANT	217,800.
ROBERT JOSEPH CONSULTING, ONE PRESERVE PARKWAY, SUITE 150, ROCKVILLE, MD 20852	CONSULTANT	114,555.
TEAL MEDIA 2811 12TH ST S, ARLINGTON, VA 22204	CONSULTANT	111,500.
KORN FERRY PO BOX 1450, MINNEAPOLIS, MN 55485	EXECUTIVE SEARCH	104,500.

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

5

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	10,363,631.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			10,363,631.			
<b>Program Service Revenue</b>	<b>2 a</b> SERVICE CONTRACT REVENUE .....	<b>Business Code</b> 900099		1,050,881.	1,050,881.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1,050,881.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			143,807.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real	(ii) Personal			
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities	(ii) Other			
			626,588.				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	244,266.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	382,322.				
<b>d</b> Net gain or (loss) .....				382,322.			382,322.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....	900099		35,962.			35,962.
	<b>e Total.</b> Add lines 11a-11d .....			35,962.			
	<b>12 Total revenue.</b> See instructions .....			11,976,603.	1,050,881.	0.	562,091.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	6,302,625.	6,302,625.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	984,826.	773,347.	45,974.	165,505.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,686,723.	2,895,046.	172,104.	619,573.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	243,084.	190,885.	11,347.	40,852.
<b>9</b> Other employee benefits .....	292,030.	229,321.	13,632.	49,077.
<b>10</b> Payroll taxes .....	303,257.	238,137.	14,156.	50,964.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	70,965.	59,828.	3,309.	7,828.
<b>c</b> Accounting .....	746.	629.	35.	82.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	21,456.		21,456.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,086,878.	1,759,369.	97,300.	230,209.
<b>12</b> Advertising and promotion .....	13,570.	8,020.	3,158.	2,392.
<b>13</b> Office expenses .....	180,376.	98,829.	41,538.	40,009.
<b>14</b> Information technology .....	353,340.	292,919.	20,379.	40,042.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	828,672.	507,131.	205,786.	115,755.
<b>17</b> Travel .....	149,672.	147,368.	997.	1,307.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	83,370.	82,006.	555.	809.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	137,123.	82,392.	35,028.	19,703.
<b>23</b> Insurance .....	40,475.	20,926.	8,798.	10,751.
<b>24</b> 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.)				
<b>a DUES &amp; SUBSCRIPTIONS</b> .....	72,716.	61,087.	5,898.	5,731.
<b>b TAXES &amp; LICENSES</b> .....	11,026.		11,026.	
<b>c</b> .....				
<b>d</b> .....				
<b>e</b> All other expenses .....	4,584.	10,154.	-17,165.	11,595.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	15,867,514.	13,760,019.	695,311.	1,412,184.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	420,320.	<b>1</b>	219,632.
	<b>2</b> Savings and temporary cash investments .....	5,654,722.	<b>2</b>	8,702,243.
	<b>3</b> Pledges and grants receivable, net .....	18,390,243.	<b>3</b>	11,807,561.
	<b>4</b> Accounts receivable, net .....	191,111.	<b>4</b>	105,216.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	135,253.	<b>9</b>	165,558.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,323,592.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 833,689.	<b>10c</b>	489,903.
	<b>11</b> Investments - publicly traded securities .....	4,608,450.	<b>11</b>	5,161,354.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	30,020,825.	<b>16</b>	26,651,467.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	539,445.	<b>17</b>	401,632.
	<b>18</b> Grants payable .....	945,929.	<b>18</b>	896,303.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	731,800.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	633,136.	<b>25</b>	603,973.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,118,510.	<b>26</b>	2,633,708.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,764,219.	<b>27</b>	4,682,467.
	<b>28</b> Net assets with donor restrictions .....	23,138,096.	<b>28</b>	19,335,292.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	27,902,315.	<b>32</b>	24,017,759.
	<b>33</b> Total liabilities and net assets/fund balances .....	30,020,825.	<b>33</b>	26,651,467.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,976,603.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,867,514.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,890,911.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	27,902,315.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,355.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	24,017,759.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form 990 (2020)





**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11679614.	12762751.	14219770.	20286887.	10363631.	69312653.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11679614.	12762751.	14219770.	20286887.	10363631.	69312653.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						50298292.
<b>6 Public support.</b> Subtract line 5 from line 4.						19014361.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	11679614.	12762751.	14219770.	20286887.	10363631.	69312653.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	86,096.	121,300.	151,757.	226,490.	143,807.	729,450.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	54,971.	65,390.	52,363.	1,799.	35,962.	210,485.
<b>11 Total support.</b> Add lines 7 through 10 .....						70252588.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,598,510.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	27.07 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	28.03 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in 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**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in 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 "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> 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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



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

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

2016 AMOUNT: \$ 5,399.

2017 AMOUNT: \$ 140.

2018 AMOUNT: \$ 5,053.

2019 AMOUNT: \$ 1,799.

2020 AMOUNT: \$ 35,962.

**SUBLEASE INCOME**

2016 AMOUNT: \$ 49,572.

2017 AMOUNT: \$ 65,250.

2018 AMOUNT: \$ 47,310.

**PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:**

**POPULATION ACTION INTERNATIONAL MEETS THE 10% FACTS AND CIRCUMSTANCES TEST  
BASED ON THE FOLLOWING CONDITIONS:**

**1- THE PUBLIC SUPPORT PERCENTAGE EXCEEDS THE 10% PUBLIC SUPPORT  
REQUIREMENT FOR THE CURRENT AND FOUR PREVIOUS TAX YEARS.**

**2- THE ORGANIZATION ESTABLISHED A FUNDRAISING PROGRAM TO ENSURE POSTIVE  
FUTURE CASH FLOWS FROM THE PUBLIC.**

**3- IT HISTORICALLY RECEIVED A PROPORTIONALLY LARGE AMOUNT OF ITS SUPPORT  
FROM PUBLIC CONTRIBUTIONS.**

**4- IT CONDUCTS AND MANAGES SCIENTIFIC ACTIVITY IN THE PUBLIC INTEREST  
RATHER THAN A SELECT GROUP OF INDIVIDUALS.**

**5- A SELECT GROUP OF PUBLIC INDIVIDUALS WITH A STRONG BACKGROUND IN  
POPULATION STUDIES MAKE UP THE GOVERNING BODY, WHICH SUPPORTS THE**

## Part VI

### Supplemental Information.

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

ACTIVITIES OFFERED.

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

POPULATION ACTION INTERNATIONAL

Employer identification number

52-0812075

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

POPULATION ACTION INTERNATIONAL

52-0812075

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>3,605,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,000,482.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,535,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>891,712.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

POPULATION ACTION INTERNATIONAL

52-0812075

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>100,000.</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>70,000.</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>50,000.</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>50,000.</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>40,000.</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>35,000.</u>	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
POPULATION ACTION INTERNATIONAL	52-0812075

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
14		\$ 22,290.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
15		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
16		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
17		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
18		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

POPULATION ACTION INTERNATIONAL

52-0812075

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
20		\$ 5,540.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
22		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
23		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
24		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

POPULATION ACTION INTERNATIONAL

52-0812075

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000.	<b>Person</b> <input checked="checked" type="checkbox"/> <b>X</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

Employer identification number

52-0812075

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
	_____ _____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

**POPULATION ACTION INTERNATIONAL****52-0812075****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

POPULATION ACTION INTERNATIONAL

Employer identification number

52-0812075

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

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

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

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

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

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

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

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

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

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

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

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		60,131.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		60,131.													
<b>d</b> Other exempt purpose expenditures		15,807,383.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		15,867,514.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		943,376.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		235,844.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	648,246.	733,728.	969,780.	943,376.	3,295,130.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,942,695.
<b>c</b> Total lobbying expenditures	64,150.	99,458.	57,808.	60,131.	281,547.
<b>d</b> Grassroots nontaxable amount	162,062.	183,432.	242,445.	235,844.	823,783.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,235,675.
<b>f</b> Grassroots lobbying expenditures	510.				510.

Schedule C (Form 990 or 990-EZ) 2020



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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

POPULATION ACTION INTERNATIONAL

Employer identification number

52-0812075

**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
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on 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 (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 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 .....	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 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

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

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

☐ Yes ☐ No

9 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 ▶ \$ .....

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 FASB ASC 958 relating to these items:

a Revenue included on 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 acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange program  
e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	210,993.	176,722.	187,130.	168,616.	156,668.
b Contributions					
c Net investment earnings, gains, and losses	26,578.	34,271.	-10,408.	18,514.	11,948.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	237,571.	210,993.	176,722.	187,130.	168,616.

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

- a Board designated or quasi-endowment ☐ .0000 %  
b Permanent endowment ☐ 100 %  
c Term endowment ☐ .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		483,826.	214,153.	269,673.
d Equipment		839,766.	619,536.	220,230.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				489,903.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	603,973.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	603,973.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	11,963,688.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	6,355.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,186.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	8,541.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,955,147.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	21,456.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	21,456.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	11,976,603.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	15,848,244.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,186.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,186.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,846,058.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	21,456.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	21,456.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	15,867,514.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

PERMANENTLY RESTRICTED NET ASSETS CONSISTS OF CONTRIBUTIONS TO THE BOARD RESERVE FUND. THE PRINCIPAL IS HELD IN A LONG-TERM INVESTMENT ACCOUNT AND THE EARNINGS GENERATED EACH YEAR ARE DESIGNATED BY THE BOARD OF DIRECTORS TO THE ENDOWMENT UNTIL GROWTH IS SUFFICIENT TO SUPPORT A SPENDING PLAN. WHEN IT IS DEEMED TO BE SUFFICIENT, EARNINGS WILL BE BUDGETED TO APPROPRIATE PROGRAMS WITHOUT RESTRICTION.

**PART X, LINE 2:**

MANAGEMENT HAS CONCLUDED THAT PAI HAS MAINTAINED THEIR EXEMPT STATUS AND THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2020.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

Employer identification number

POPULATION ACTION INTERNATIONAL

52-0812075

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & CARIBBEAN	0	0	PROGRAM SERVICES & GRANTMAKING	INTERNATIONAL ADVOCACY	423,000.
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES & GRANTMAKING	INTERNATIONAL ADVOCACY	91,000.
EUROPE	0	0	PROGRAM SERVICES & GRANTMAKING	INTERNATIONAL ADVOCACY	455,000.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL ADVOCACY	2,000.
NORTH AMERICA	0	0	PROGRAM SERVICES & GRANTMAKING	INTERNATIONAL ADVOCACY	138,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES & GRANTMAKING	INTERNATIONAL ADVOCACY	70,000.
SOUTH ASIA	0	0	PROGRAM SERVICES & GRANTMAKING	INTERNATIONAL ADVOCACY	218,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES & GRANTMAKING	INTERNATIONAL ADVOCACY	3,427,000.
<b>3 a Subtotal</b> .....	0	0			4,824,000.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			4,824,000.

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

Schedule F (Form 990) 2020

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARRIBEAN	GENERAL PROGRAM SUPPORT	193,000.		0.		
		CENTRAL AMERICA AND THE CARRIBEAN	GENERAL PROGRAM SUPPORT	107,000.		0.		
		CENTRAL AMERICA AND THE CARRIBEAN	GENERAL PROGRAM SUPPORT	39,523.		0.		
		CENTRAL AMERICA AND THE CARRIBEAN	GENERAL PROGRAM SUPPORT	20,000.		0.		
		CENTRAL AMERICA AND THE CARRIBEAN	GENERAL PROGRAM SUPPORT	16,508.		0.		
		CENTRAL AMERICA AND THE CARRIBEAN	GENERAL PROGRAM SUPPORT	15,000.		0.		
		EAST ASIA & THE PACIFIC	GENERAL PROGRAM SUPPORT	60,000.		0.		
		EUROPE	GENERAL PROGRAM SUPPORT	15,000.		0.		

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

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3 Enter total number of other organizations or entities

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

<b>1</b> (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	GENERAL PROGRAM SUPPORT	100,500.		0.		
		NORTH AMERICA	GENERAL PROGRAM SUPPORT	20,000.		0.		
		NORTH AMERICA	GENERAL PROGRAM SUPPORT	15,000.		0.		
		SOUTH AMERICA	GENERAL PROGRAM SUPPORT	40,000.		0.		
		SOUTH AMERICA	GENERAL PROGRAM SUPPORT	15,000.		0.		
		SOUTH ASIA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SOUTH ASIA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SOUTH ASIA	GENERAL PROGRAM SUPPORT	49,993.		0.		
		SOUTH ASIA	GENERAL PROGRAM SUPPORT	25,000.		0.		

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

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	GENERAL PROGRAM SUPPORT	10,000.		0.		
		SOUTH ASIA	GENERAL PROGRAM SUPPORT	8,000.		0.		
		SOUTH ASIA	GENERAL PROGRAM SUPPORT	8,000.		0.		
		SOUTH ASIA	GENERAL PROGRAM SUPPORT	5,545.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	115,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	87,147.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	70,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	70,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	66,839.		0.		

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	65,258.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	65,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	62,500.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	60,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	60,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	60,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	57,500.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	55,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,561.		0.		



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

<b>1</b> (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	GENERAL PROGRAM SUPPORT	50,218.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		

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

<b>1</b> (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	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	50,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	49,990.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	49,983.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	46,622.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	45,871.		0.		

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

<b>1</b> (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	GENERAL PROGRAM SUPPORT	43,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	43,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	43,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	40,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	39,997.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	39,994.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	38,400.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	35,374.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	35,000.		0.		

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

<b>1</b> (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	GENERAL PROGRAM SUPPORT	35,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	30,883.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	30,763.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	30,023.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	30,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	30,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	30,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	29,961.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	29,900.		0.		

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

<b>1</b> (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	GENERAL PROGRAM SUPPORT	29,843.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	28,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	28,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	25,552.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	25,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	25,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	25,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	25,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	25,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	25,000.		0.		

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

<b>1</b> (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	GENERAL PROGRAM SUPPORT	25,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	25,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	24,550.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	21,100.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	20,995.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	20,694.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	20,648.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	20,001.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	20,000.		0.		

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

<b>1</b> (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	GENERAL PROGRAM SUPPORT	20,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	20,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	20,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	20,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	19,992.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	19,987.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	18,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	17,460.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	15,400.		0.		

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

<b>1</b> (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	GENERAL PROGRAM SUPPORT	15,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	15,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	14,940.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	14,720.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	13,420.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	13,364.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	11,104.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	10,571.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	10,000.		0.		



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

<b>1</b> (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	GENERAL PROGRAM SUPPORT	10,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	10,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	10,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	10,000.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	9,963.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	8,750.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	7,085.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	6,268.		0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM SUPPORT	5,000.		0.		



**Part IV Foreign Forms**

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

**Part V** **Supplemental Information**

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

**PART I, LINE 2:**

POPULATION ACTION INTERNATIONAL SUPPORTS INTERNATIONAL AND DOMESTIC  
NON-GOVERNMENT ORGANIZATIONS IN THEIR WORK TO INCREASE THE POLITICAL AND  
FINANCIAL SUPPORT THAT GOVERNMENTS OF THE WORLD GIVE TO POPULATION AND  
REPRODUCTIVE HEALTH PROGRAMS IN ACCORDANCE WITH THE GOALS OF THE  
INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT'S PROGRAM OF  
ACTION. PAI USES A THOROUGH APPLICATION PROCESS OF BOTH PROPOSAL AND  
BUDGET REVIEW TO DETERMINE WHICH ORGANIZATIONS ARE BEST SUITED TO CARRY  
OUT THIS IMPORTANT WORK.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

POPULATION ACTION INTERNATIONAL

Employer identification number

52-0812075

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization?	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization?	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BETH TRITTER EXECUTIVE DIRECTOR, PHCPI	(i)	279,842.	0.	0.	21,418.	17,005.	318,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAROLYN VOGEL INTERIM CO-CEO; CHIEF OPERATING OFFI	(i)	184,581.	0.	0.	13,586.	19,921.	218,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELISHA DUNN-GEORGIU INTERIM CO-CEO; VICE PRESIDENT OF PO	(i)	183,307.	0.	0.	13,562.	13,326.	210,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THERESA BLANDON VICE PRESIDENT OF EXTERNAL RELATIONS	(i)	176,235.	0.	0.	13,426.	17,389.	207,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JONATHAN RUCKS SENIOR DIRECTOR, POLICY & ADVOCACY	(i)	141,506.	0.	0.	10,859.	12,353.	164,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WENDY TURNBULL SENIOR ADVISOR, INTERNATIONAL ADVOCA	(i)	145,018.	0.	0.	10,623.	849.	156,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

SUPERVISORS MAY CHOOSE TO AWARD A PERFORMANCE INCENTIVE IN LIEU OF OR IN  
ADDITION TO A SALARY INCREASE. THESE INCENTIVES ARE BASED ON THE  
EXTRAORDINARY PERFORMANCE AND EFFORT OF AN EMPLOYEE.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

POPULATION ACTION INTERNATIONAL

Employer identification number

52-0812075

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

PAI WORKS WITH ITS PARTNERS TO MOBILIZE THE RESOURCES, POLICIES, AND  
POLITICAL WILLPOWER NECESSARY TO CLOSE THE GLOBAL GAP IN FAMILY  
PLANNING, WHICH IS AN UNMET NEED ESTIMATED AT 222 MILLION WOMEN.

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

PAI CHAMPIONS POLICIES THAT MAKE IT POSSIBLE FOR WOMEN TO EXERCISE  
THEIR REPRODUCTIVE RIGHTS, AND FIGHTS TO REMOVE THE POLICY BARRIERS  
BETWEEN WOMEN AND THE CARE THEY NEED. WE WORK WITH POLICYMAKERS IN  
WASHINGTON AND OUR NETWORK OF PARTNERS IN DEVELOPING COUNTRIES TO  
ADVANCE WOMEN'S REPRODUCTIVE RIGHTS.

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

FAITH PLUS FAMILY PLANNING: SUPPORTS FAITH-BASED ORGANIZATIONS IN LOW-  
AND MIDDLE-INCOME COUNTRIES TO ENGAGE IN POLICY AND BUDGET ADVOCACY FOR  
FAMILY PLANNING.

YOUACCESS: SUPPORTS YOUTH-LED ORGANIZATIONS TO ADVOCATE FOR INCREASED  
FUNDING AND IMPROVED POLICIES ON ADOLESCENT AND YOUTH SEXUAL AND  
REPRODUCTIVE HEALTH AND RIGHTS IN LOW- AND MIDDLE-INCOME COUNTRIES.

PRIMARY HEALTH CARE INITIATIVE: SUPPORTS CIVIL SOCIETY ADVOCATES AT THE  
GLOBAL AND COUNTRY LEVELS WORKING TO IMPROVE PRIMARY HEALTH CARE  
SYSTEMS.



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UHC ENGAGE: SUPPORTS LOCAL CIVIL SOCIETY ORGANIZATIONS WITH THE TOOLS THEY NEED TO ADVOCATE FOR THE PRIORITIZATION OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN COUNTRY-LEVEL UNIVERSAL HEALTH COVERAGE POLICY REFORMS.

GLOBAL GAG RULE TECHNICAL ASSISTANCE AND DOCUMENTATION: INCREASES SUPPORT FOR FP/RH AMONG CIVIL SOCIETY, POLICYMAKERS AND THE MEDIA BASED ON AN ACCURATE UNDERSTANDING OF THE MEXICO CITY POLICY AND ITS IMPACT.

CIVIL SOCIETY GFF RESOURCE AND ENGAGEMENT HUB: AMPLIFIES AND SUPPORTS CIVIL SOCIETY TO HELP THE GLOBAL FINANCING FACILITY REALIZE EFFECTIVE AND SUSTAINABLE HEALTH FINANCING FOR THE HEALTH OF WOMEN, CHILDREN AND ADOLESCENTS.

FP2020 ACCOUNTABILITY PROJECT: PROMOTES MUTUAL OWNERSHIP AND PARTNERSHIP AMONG CIVIL SOCIETY AND GOVERNMENTS TO REALIZE FAMILY PLANNING 2020 COMMITMENTS IN SERVICE OF EXPANDING ACCESS TO CONTRACEPTIVES.

REPRODUCTIVE HEALTH ADVOCACY PARTNERSHIP: SUPPORTS CIVIL SOCIETY ORGANIZATIONS IN MALAWI AND ZAMBIA TO INFLUENCE FUNDING AND POLICY DECISIONS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS.

ALLIANCES FOR ADVOCACY: SUPPORTS REGIONAL AND NATIONAL ADVOCACY TO IMPROVE THE WELL-BEING AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF WOMEN, ADOLESCENTS AND YOUTH IN FRANCOPHONE WEST AFRICA.

GOVERNMENT ACCOUNTABILITY FOR FAMILY PLANNING BUDGETS: SUPPORTS CIVIL

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SOCIETY ADVOCATES IN SUB-SAHARAN AFRICA TO HOLD THEIR GOVERNMENTS ACCOUNTABLE FOR INCREASING DOMESTIC INVESTMENTS IN FAMILY PLANNING AND IMPROVING THE TRANSPARENCY OF BUDGET DATA.

COPASAH: SUPPORTS THE COMMUNITY OF PRACTITIONERS ON ACCOUNTABILITY AND SOCIAL ACTION IN HEALTH (COPASAH), THROUGH TECHNICAL AND FINANCIAL ASSISTANCE, TO SHAPE, STRENGTHEN AND SUSTAIN A COMMUNITY OF PRACTITIONERS AND ALLIES COMMITTED TO COMMUNITY-CENTERED SOCIAL ACCOUNTABILITY PROCESSES.

ACCESO: SUPPORTS CIVIL SOCIETY IN LATIN AMERICA AND THE CARIBBEAN TO CLOSE THE GAPS IN ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES.

PAI EMPLOYS A RANGE OF STRATEGIC COMMUNICATIONS ACTIVITIES TO SHOWCASE OUR WORK, OUR PARTNERS AND THE COLLECTIVE IMPACT WE MAKE TO ADVANCE SRHR AROUND THE WORLD. PAI'S WEBSITE (WWW.PAI.ORG) HAS BECOME THE MAIN COMMUNICATIONS HUB FOR SHOWCASING OUR WORK AND THAT OF OUR PARTNERS. PAI HAS A GROWING PRESENCE ON SOCIAL MEDIA (FACEBOOK: PAIWDC; TWITTER: @PAI\_ORG; INSTAGRAM: PAI\_INSTA; LINKEDIN: PAI).

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: AND REPRODUCTIVE HEALTH FUNDING. TO ENSURE U.S. GLOBAL HEALTH ASSISTANCE REACHES THE MOST QUALIFIED, TRUSTED AND EFFECTIVE PROVIDERS, PAI FIGHTS AGAINST HARMFUL POLICIES LIKE THE GLOBAL GAG RULE AND DECISIONS TO DEFUND THE UNITED NATIONS POPULATION FUND (UNFPA).

FORM 990, PART VI, SECTION B, LINE 11B:

THE PAI BOARD OF DIRECTORS DELEGATES RESPONSIBILITY FOR THE REVIEW OF THE

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COMPLETED FORM 990 TO THE AUDIT COMMITTEE. THE COMMITTEE REVIEWS THE FORM WITH THE CHIEF FINANCIAL OFFICER AND WHEN THE COMMITTEE IS IN AGREEMENT WITH MANAGEMENT ON THE INFORMATION IN THE RETURN IT APPROVES THE FINAL COPY FOR MANAGEMENT TO SIGN. A COMPLETE COPY OF THE FINAL RETURN IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING AND THE AUDIT COMMITTEE REPORTS ITS APPROVAL TO THE FULL BOARD AT THE NEXT SCHEDULED MEETING OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH OFFICER AND DIRECTOR OF THE PAI BOARD OF DIRECTORS REVIEWS, COMPLETES, AND SIGNS THE CONFLICT OF INTEREST REVIEW FORM ANNUALLY. THE SIGNED FORM IS SUBMITTED TO THE CHAIR OF THE PAI BOARD OF DIRECTORS. ANY CONFLICT OF INTEREST THAT ARISES IS BROUGHT TO THE ATTENTION OF THE BOARD OF DIRECTORS AND THE OFFICER OR DIRECTOR INVOLVED DOES NOT VOTE ON THE MATTER.

EACH STAFF MEMBER REVIEWS, COMPLETES, AND SIGNS THE PAI POLICY STATEMENTS (INCLUDING CONFLICT OF INTEREST) UPON HIRE. THE SIGNED FORM IS SUBMITTED TO HUMAN RESOURCES AND ANY CONFLICTS ARE REPORTED TO THE CHAIR OF THE BOARD OF DIRECTORS. THE STAFF MEMBER AGREES TO REPORT TO THE CHAIR OF THE BOARD OF DIRECTORS ANY FURTHER SITUATIONS THAT MAY DEVELOP DURING THEIR EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15:

PAI DETERMINES COMPENSATION FOR ALL EMPLOYEES BY FOLLOWING THE GUIDELINES SET FORTH IN THE PAI EMPLOYEE HANDBOOK. THE PAI EXECUTIVE COMMITTEE AND BUDGET & FINANCE COMMITTEE PERIODICALLY REVIEW.

EACH STAFF POSITION IS ANALYZED AND DEFINED IN A JOB DESCRIPTION DEVELOPED THROUGH A COOPERATIVE EFFORT OF THE DEPARTMENT VICE PRESIDENT OR DIRECTOR, THE CHIEF OPERATING OFFICER AND THE INCUMBENT (WHEN APPROPRIATE), AND

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APPROVED BY THE PRESIDENT/CEO.

TO ACHIEVE INTERNAL AND EXTERNAL EQUITY A SALARY COMPARISON IS COMPLETED IN EVEN NUMBERED YEARS FOR EACH POSITION. THE OUTCOME OF THE SALARY COMPARISON IS THE ESTABLISHMENT OF A SALARY RANGE FOR EACH POSITION. THESE RANGES ARE DEVELOPED BY THE COO AND APPROVED BY THE PRESIDENT/CEO BY UTILIZING UP TO THREE CURRENT SALARY STUDIES SUCH AS, PRM CONSULTING, INC. - MANAGEMENT COMPENSATION REPORT FOR NOT-FOR-PROFIT ORGANIZATIONS; BIRCHES GROUP REPORT; AND TOTAL COMPENSATION SOLUTIONS - NOT-FOR-PROFIT COMPENSATION SURVEY.

DEVELOPMENT OF THE SALARY COMPARISON RESULTS IN A SALARY RANGE INVOLVING A MINIMUM, MIDPOINT AND MAXIMUM AS DEFINED BELOW:

- MINIMUM - THE LOWEST RATE PAID TO AN INDIVIDUAL WHO IS HIRED FOR OR PROMOTED TO A JOB/POSITION THAT HAS BEEN CLASSIFIED IN THE GRADE LEVEL.

- MIDPOINT - COMPETITIVE RATE FOR THE PARTICULAR GRADE LEVEL WHICH REPRESENTS THE WORTH OF THE JOB/POSITION TO PAI - THAT IS, THE AMOUNT OF COMPENSATION CONSIDERED TO BE FAIR AND EQUITABLE FOR AN EMPLOYEE WHO IS FULLY QUALIFIED IN TERMS OF TRAINING AND EXPERIENCE. THE MID-POINT OF EACH SALARY RANGE IS THE WEIGHTED AVERAGE OF SURVEY COMPOSITES (STAFF SIZE, BUDGET SIZE, ORGANIZATION TYPE, SCOPE, ETC.) AT THE MEDIAN (50TH PERCENTILE) BASE SALARY OF EACH JOB/POSITION.

- MAXIMUM - HIGHEST RATE WHICH MAY BE PAID TO AN INCUMBENT IN THE GRADE LEVEL.

THE PAI BOARD OF DIRECTORS CONDUCTS A PERFORMANCE AND SALARY REVIEW OF THE

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POPULATION ACTION INTERNATIONAL	52-0812075

PRESIDENT/CEO EVERY YEAR WITH A MORE IN-DEPTH APPRAISAL THAT INCLUDES A 360 DEGREE REVIEW EVERY TWO YEARS. THE SALARY RANGE IS DETERMINED BY THE PAI BOARD OF DIRECTORS.

THE BOARD OF DIRECTORS LAST REVIEWED THE SALARY OF THE PRESIDENT & CEO IN JANUARY 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

PAI MAKES ITS GOVERNING DOCUMENTS (E.G. MINUTES OF BOARD AND COMMITTEE MEETINGS, AUDITED FINANCIAL STATEMENTS, FORM 990, CONFLICT OF INTEREST STATEMENT, WHISTLEBLOWER POLICY AND DOCUMENT RETENTION POLICY) AVAILABLE TO THE GENERAL PUBLIC BY PROVIDING COPIES ON REQUEST OR ALLOWING INSPECTION AT THE WASHINGTON DC OFFICE OF THE ORGANIZATION. THE FORM 990 IS ALSO POSTED ON GUIDESTAR.ORG AND IS AVAILABLE FOR INSPECTION ANYTIME. THE FORM 990 AND CURRENT AUDITED FINANCIAL STATEMENTS ARE ALSO POSTED ON PAI'S WEB SITE FOR REVIEW ANYTIME.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	1,033,951.
MANAGEMENT AND GENERAL EXPENSES	57,181.
FUNDRAISING EXPENSES	135,289.
TOTAL EXPENSES	1,226,421.

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INTERNATIONAL CONTRACTORS:

PROGRAM SERVICE EXPENSES	631,075.
MANAGEMENT AND GENERAL EXPENSES	34,901.
FUNDRAISING EXPENSES	82,574.
TOTAL EXPENSES	748,550.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	80,397.
MANAGEMENT AND GENERAL EXPENSES	4,446.
FUNDRAISING EXPENSES	10,520.
TOTAL EXPENSES	95,363.

TRANSLATION SERVICES:

PROGRAM SERVICE EXPENSES	4,964.
MANAGEMENT AND GENERAL EXPENSES	275.
FUNDRAISING EXPENSES	650.
TOTAL EXPENSES	5,889.

PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES	4,934.
MANAGEMENT AND GENERAL EXPENSES	273.
FUNDRAISING EXPENSES	646.
TOTAL EXPENSES	5,853.

ARTWORK & DESIGN:

PROGRAM SERVICE EXPENSES	2,361.
MANAGEMENT AND GENERAL EXPENSES	131.
FUNDRAISING EXPENSES	309.

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PHOTOGRAPHY:

MANAGEMENT AND GENERAL EXPENSES	93.
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FUNDRAISING EXPENSES 221.

TOTAL EXPENSES	2,001.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,086,878.