

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2017** calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization POPULATION ACTION INTERNATIONAL Doing business as PAI Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 19TH STREET, N.W. 200 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036	D Employer identification number 52-0812075
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	E Telephone number 202-557-3400	G Gross receipts \$ 15,232,955.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer: SUZANNE EHLERS SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: ▶ WWW.PAI.ORG	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1965 M State of legal domicile: DC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 48
6	Total number of volunteers (estimate if necessary)	6 15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,679,614. Current Year 12,762,751.
	9 Program service revenue (Part VIII, line 2g)	1,262,616. 2,283,514.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,448. 121,300.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,971. 65,390.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,075,649. 15,232,955.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,817,996. 2,834,575.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,739,106. 4,028,705.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 818,979.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,726,230. 3,101,633.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,283,332. 9,964,913.	
19 Revenue less expenses. Subtract line 18 from line 12	4,792,317. 5,268,042.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 14,550,714. End of Year 20,008,722.
	21 Total liabilities (Part X, line 26)	1,383,708. 1,328,474.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,167,006. 18,680,248.

Part II Signature Block

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

Sign Here	Signature of officer RAYMOND D. BOYER, VICE PRESIDENT OF FINANCE Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JOHN HUSKINS	Preparer's signature
	Firm's name ▶ JOHNSON LAMBERT LLP	Date
	Firm's address ▶ 4242 SIX FORKS ROAD, SUITE 1500 RALEIGH, NC 27609	Check if self-employed <input type="checkbox"/> PTIN P01081531
		Firm's EIN ▶ 52-1446779
		Phone no. 919-719-6400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2017, or tax year beginning _____, 2017, and ending _____, 20__

2017

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

POPULATION ACTION INTERNATIONAL

Employer identification number

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, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>15,232,955.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

Part II Declaration of Officer

6 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 organization's 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 and that I have examined a copy of the organization's 2017 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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

Date

Title

[Handwritten Signature]

9-24-2018

VICE PRESIDENT OF FINANC

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

I declare that I have reviewed the above organization's 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 will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, 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 organization's 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 Only	ERO's signature	<i>[Handwritten Signature]</i>	Date	<u>9/25/18</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P01081531</u>
	Firm's name (or yours if self-employed), address, and ZIP code	JOHNSON LAMBERT LLP			EIN	52-1446779			Phone no.	919-719-6400
		4242 SIX FORKS ROAD, SUITE 1500								
		RALEIGH, NC 27609								

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	<input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN	
	Firm's address				Phone no.	

Product: **Exempt**
 Name: **POPULATION ACTION**
INTERNATIONAL
 FEIN: *******2075**

Category:

IRS Center: **Ogden**
 e-Postmark: **9/25/2018 1:13 PM**

Notification:

Fiscal Year Begin Date: **1/1/2017**

Fiscal Year End Date: **12/31/2017**

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
09/11/2018	17X:52- 0812075:V1	Upload Started				
09/11/2018		Released for Transmission - Validation in Progress			System	
09/11/2018		Ready to transmit - Validation Complete				
09/11/2018		Transmitted to FD	56370820182540345e10			
09/11/2018		Accepted by FD on 9/11/2018				
09/25/2018	17X:52- 0812075:V1	Upload Started - Amended Return				
09/25/2018		Released for Transmission - Validation in Progress			System	
09/25/2018		Ready to transmit - Validation Complete				
09/25/2018		Transmitted to FD	56370820182680338e00			
09/25/2018		Accepted by FD on 9/25/2018				

Part III Statement of Program Service Accomplishments

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

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,100,465. including grants of \$ 2,834,575.) (Revenue \$ 2,283,514.) PAI WORKS WITH LOCAL ORGANIZATIONS IN THE GLOBAL SOUTH TO PROVIDE THEM WITH FINANCIAL RESOURCES AND ADVOCACY COACHING TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) IN THEIR OWN COUNTRIES. IN 2017, PAI DISBURSED \$2.8 MILLION TO 63 GRANTEE PARTNERS IN 25 COUNTRIES THROUGH THE FOLLOWING PROGRAMS:

* THE FAITH + FAMILY PLANNING FUND SUPPORTS FAITH-BASED ORGANIZATIONS (FBOS) IN THE GLOBAL SOUTH AS STRATEGIC ENTRY POINTS TO CULTIVATE NEW FAMILY PLANNING (FP)/REPRODUCTIVE HEALTH (RH) CHAMPIONS.

* QUEST: QUALITY UPHELD, EVERY SERVICE, EVERY TIME EXAMINES QUALITY AND RIGHTS IN REPRODUCTIVE HEALTHCARE IN FIVE GEOGRAPHIES: DRC, ETHIOPIA,

4b (Code:) (Expenses \$ 397,904. including grants of \$) (Revenue \$) CHAMPIONING U.S. GOVERNMENT SUPPORT OF SRHR: FOR MORE THAN 50 YEARS, PAI HAS BROUGHT AN UNRELENTING VOICE FOR REPRODUCTIVE RIGHTS TO THE U.S. CONGRESS AND EXECUTIVE BRANCH. WE LEAD THE MOVEMENT TO PROTECT U.S. GOVERNMENT FUNDING FOR INTERNATIONAL FAMILY PLANNING AND PREVENT ATTEMPTS TO PASS HARMFUL POLICIES.

PAI'S WORK ON CAPITOL HILL IS A STEADY DRUMBEAT OF VISITS, POLICY BRIEFS AND ANALYSES TO PROVIDE MEMBERS OF CONGRESS WITH A CLEAR UNDERSTANDING OF SRHR ISSUES AND THE REAL EFFECTS OF U.S. POLICIES AND FUNDING ON WOMEN AND THEIR FAMILIES. THROUGHOUT 2017, PAI STAFF HAD AN EXCESS OF 700 SEPARATE ADVOCACY CONTACTS WITH CONGRESSIONAL AND EXECUTIVE BRANCH OFFICES ON TOPICS RELATED TO ENCOURAGING GREATER U.S.

4c (Code:) (Expenses \$ 480,697. including grants of \$) (Revenue \$) INCUBATING NEW PARTNERSHIPS: IN 2017, PAI ESTABLISHED A SECRETARIAT IN SUPPORT OF 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,979,066.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
15 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>	X	
16 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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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>		X
19 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>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>		X
22 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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	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

Input box for Schedule O response

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields (e.g., 35, 0, 48).

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
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).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		
16b			

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 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **RAYMOND D. BOYER, VICE PRESIDENT OF FINANCE - 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.

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

Check this box if neither the organization nor any related 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) DR. SHARON L. CAMP DIRECTOR	1.00	X					0.	0.	0.	
(2) SUJATA LAMBA DIRECTOR	1.00	X					0.	0.	0.	
(3) ELIZABETH LULE DIRECTOR	1.00	X					0.	0.	0.	
(4) BARRINGTON MCFARLANE DIRECTOR	1.00	X					0.	0.	0.	
(5) DR. MARI SIMONEN DIRECTOR	1.00	X					0.	0.	0.	
(6) JENNIFER TAPPER DIRECTOR	1.00	X					0.	0.	0.	
(7) NANCY DECK DIRECTOR FROM 10/2017	1.00	X					0.	0.	0.	
(8) PAPE AMADOU GAYE DIRECTOR FROM 11/2017	1.00	X					0.	0.	0.	
(9) ADA WILLIAMS PRINCE DIRECTOR FROM 11/2017	1.00	X					0.	0.	0.	
(10) DR. POURU BHIWANDI DIRECTOR THRU 11/2017	2.00	X					0.	0.	0.	
(11) DR. PATRICIA SEEMANN DIRECTOR THRU 11/2017	1.00	X					0.	0.	0.	
(12) JACKIE PAYNE CHAIR	3.00	X		X			0.	0.	0.	
(13) KIMBERLY BROOKS VICE CHAIR	2.00	X		X			0.	0.	0.	
(14) BARBARA CAMENS SECRETARY	1.00	X		X			0.	0.	0.	
(15) SUELLEN LAMBERT LAZARUS TREASURER	2.00	X		X			0.	0.	0.	
(16) SUZANNE EHLERS PRESIDENT & CEO	40.00	X		X			299,003.	0.	38,128.	
(17) CAROLYN VOGEL CHIEF OPERATING OFFICER	40.00			X			170,375.	0.	20,167.	

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) RAYMOND D. BOYER VICE PRESIDENT OF FINANCE	40.00			X				152,134.	0.	18,008.
(19) THERESA S. BLANDON VICE PRESIDENT OF EXTERNAL RELATIONS	40.00				X			186,287.	0.	22,050.
(20) ELISHA A. DUNN-GEORGIU VICE PRESIDENT OF POLICY & ADVOCACY	40.00				X			150,292.	0.	20,525.
(21) JONATHAN J. RUCKS DIRECTOR OF ADVOCACY	40.00					X		140,126.	0.	16,586.
(22) DILBAR M. SEVERIN DIRECTOR OF COMMUNICATIONS	40.00					X		129,284.	0.	15,303.
(23) CRAIG LASHER SENIOR FELLOW	40.00					X		121,036.	0.	14,327.
(24) JULIA HUNT DIRECTOR OF FINANCE & CONTROLLER	40.00					X		118,368.	0.	14,011.
(25) ARIANA CHILDS GRAHAM DIRECTOR OF PRIMARY HEALTH CARE INIT	40.00					X		115,199.	0.	13,636.
1b Sub-total								1,582,104.	0.	192,741.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,582,104.	0.	192,741.

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 **14**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
LOU COMPERNOLLE, RUE POTAGERE 163, SAINT-JOSSES-TEN-NOODE, BELGIUM 1210	INTERNATIONAL ADVOCACY	124,571.
MERCEDES MAS DE XAXAS LUIS ANTUNEZ, 6, BARCELONA, SPAIN 08006	INTERNATIONAL ADVOCACY	113,277.

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 **2**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 10,581.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 12,752,170.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		12,762,751.				
Program Service Revenue	2 a SERVICE CONTRACT REVENUE	Business Code 900099	2,283,514.	2,283,514.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,283,514.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		121,300.			121,300.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a SUBLEASE INCOME	900099	65,250.			65,250.		
b MISCELLANEOUS INCOME	900099	140.			140.		
c							
d All other revenue							
e Total. Add lines 11a-11d		65,390.					
12 Total revenue. See instructions.		15,232,955.	2,283,514.	0.	186,690.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,834,575.	2,834,575.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,076,969.	797,011.	149,432.	130,526.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,421,911.	1,792,335.	336,046.	293,530.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	116,297.	86,066.	16,136.	14,095.
9 Other employee benefits	177,983.	131,715.	24,695.	21,573.
10 Payroll taxes	235,545.	174,315.	32,682.	28,548.
11 Fees for services (non-employees):				
a Management				
b Legal	12,980.	9,939.	2,006.	1,035.
c Accounting	30,666.	23,479.	4,740.	2,447.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,807.	10,090.	5,779.	2,938.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	882,381.	675,581.	136,396.	70,404.
12 Advertising and promotion	29,913.	24,910.	1,723.	3,280.
13 Office expenses	151,157.	92,515.	32,027.	26,615.
14 Information technology	371,605.	274,453.	64,134.	33,018.
15 Royalties				
16 Occupancy	818,651.	439,172.	251,565.	127,914.
17 Travel	417,214.	374,597.	26,023.	16,594.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,655.	76,009.	5,280.	3,366.
20 Interest	1,508.	817.	282.	409.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	159,811.	85,732.	49,108.	24,971.
23 Insurance	35,818.	19,214.	11,007.	5,597.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	77,603.	51,741.	16,146.	9,716.
b TAXES & LICENSES	7,380.	3,996.	1,382.	2,002.
c MISCELLANEOUS EXPENSES	1,484.	804.	279.	401.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,964,913.	7,979,066.	1,166,868.	818,979.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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
Assets	1 Cash - non-interest-bearing	500.	1	500.
	2 Savings and temporary cash investments	6,580,712.	2	8,884,950.
	3 Pledges and grants receivable, net	2,297,037.	3	5,263,786.
	4 Accounts receivable, net	557,249.	4	573,261.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	233,497.	9	232,786.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,531,108.		
	b Less: accumulated depreciation	10b 620,721.		
	11 Investments - publicly traded securities	1,056,408.	10c	910,387.
	12 Investments - other securities. See Part IV, line 11	3,825,311.	11	4,143,052.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,550,714.	15		
17 Accounts payable and accrued expenses	14,550,714.	16	20,008,722.	
18 Grants payable	279,111.	17	205,839.	
19 Deferred revenue	659,714.	18	582,044.	
20 Tax-exempt bond liabilities	128.	19	19,642.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	444,755.	24		
26 Total liabilities. Add lines 17 through 25	1,383,708.	25	520,949.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	1,328,474.	
28 Unrestricted net assets	4,296,047.	27	4,951,859.	
29 Temporarily restricted net assets	8,714,291.	28	13,571,721.	
30 Permanently restricted net assets	156,668.	29	156,668.	
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances	13,167,006.	33	18,680,248.	
36 Total liabilities and net assets/fund balances	14,550,714.	34	20,008,722.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,232,955.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,964,913.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,268,042.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,167,006.
5	Net unrealized gains (losses) on investments	5	245,200.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,680,248.

Part XII Financial Statements and Reporting

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

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5511728.	9656410.	4979950.	11679614.	12762751.	44590453.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5511728.	9656410.	4979950.	11679614.	12762751.	44590453.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24304599.
6 Public support. Subtract line 5 from line 4.						20285854.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	5511728.	9656410.	4979950.	11679614.	12762751.	44590453.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,685.	77,654.	52,911.	86,096.	121,300.	404,646.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,065.	99,292.	90,541.	54,971.	65,390.	313,259.
11 Total support. Add lines 7 through 10						45308358.
12 Gross receipts from related activities, etc. (see instructions)					12	5,250,909.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	44.77 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	52.53 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b 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 Part VI when and how the organization made the determination.</i>		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a 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 Part VI.</i>		
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 Part VI.</i>		
c 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 Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? Provide details in Part VI .		
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 Part VI the role played by the organization in this regard.		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (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 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	Distributable Amount. 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)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

2013 AMOUNT: \$ 3,065.

2014 AMOUNT: \$ 1,687.

2015 AMOUNT: \$ 6,000.

2016 AMOUNT: \$ 5,399.

2017 AMOUNT: \$ 140.

SUBLEASE INCOME

2014 AMOUNT: \$ 97,605.

2015 AMOUNT: \$ 84,541.

2016 AMOUNT: \$ 49,572.

2017 AMOUNT: \$ 65,250.

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 for the latest information.

OMB No. 1545-0047

2017

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 foundation

Check 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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization POPULATION ACTION INTERNATIONAL	Employer identification number 52-0812075
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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
1	_____ _____ _____	\$ 5,826,994.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 1,905,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 815,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 560,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization POPULATION ACTION INTERNATIONAL	Employer identification number 52-0812075
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.**

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

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

- 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-.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	510.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	63,640.													
c	Total lobbying expenditures (add lines 1a and 1b)	64,150.													
d	Other exempt purpose expenditures	9,900,763.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,964,913.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	648,246.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	162,062.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	447,320.	515,567.	564,167.	648,246.	2,175,300.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,262,950.
c Total lobbying expenditures	143,195.	80,897.	84,280.	64,150.	372,522.
d Grassroots nontaxable amount	111,830.	128,892.	141,042.	162,062.	543,826.
e Grassroots ceiling amount (150% of line 2d, column (e))					815,739.
f Grassroots lobbying expenditures		1,173.		510.	1,683.

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

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

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 (e.g., 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?

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)?

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	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	168,616.	156,668.	156,668.	156,668.	156,668.
b Contributions					
c Net investment earnings, gains, and losses	18,514.	11,948.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	187,130.	168,616.	156,668.	156,668.	156,668.

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

- a Board designated or quasi-endowment 16.28 %
- b Permanent endowment 83.72 %
- c Temporarily restricted endowment .00 %

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		486,876.	69,316.	417,560.
d Equipment		1,044,232.	551,405.	492,827.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				910,387.

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)		
Total. (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)		
Total. (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)	
Total. (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	508,720.
(3) CAPITAL LEASE OBLIGATION	12,229.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	520,949.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,574,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	245,200.
b	Donated services and use of facilities	2b	115,342.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	360,542.
3	Subtract line 2e from line 1	3	15,214,148.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,807.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	18,807.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,232,955.

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.

1	Total expenses and losses per audited financial statements	1	10,061,448.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	115,342.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	115,342.
3	Subtract line 2e from line 1	3	9,946,106.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,807.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	18,807.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,964,913.

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, 2017.

**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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization POPULATION ACTION INTERNATIONAL	Employer identification number 52-0812075
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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
EAST ASIA AND THE PACIFIC			GRANTMAKING		66,640.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	INTERNATIONAL ADVOCACY	51,000.
EUROPE			GRANTMAKING		5,000.
NORTH AMERICA			GRANTMAKING		30,000.
SOUTH AMERICA			PROGRAM SERVICES	INTERNATIONAL ADVOCACY	5,000.
SOUTH ASIA			GRANTMAKING		79,977.
SOUTH ASIA			PROGRAM SERVICES	INTERNATIONAL ADVOCACY	22,000.
SUB-SAHARAN AFRICA			GRANTMAKING		2,652,958.
3 a Sub-total	0	0			2,912,575.
b Total from continuation sheets to Part I	0	0			290,000.
c Totals (add lines 3a and 3b)	0	0			3,202,575.

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

Schedule F (Form 990) 2017

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)
		EAST ASIA AND THE PACIFIC	IMPROVE QUALITY OF FP AND RH LEGAL AND REGULATORY SYSTEMS IN SHAN STATE	65,000.	WIRE TRANSFER	0.		
		NORTH AMERICA	ENSURE IMPLEMENTATION OF ENAPEA AND SUPPORT STATE WORKING GROPS IN 3 STATES	30,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	IMPROVE QUALITY OF FP AND RH LEGAL AND REGULATORY SYSTEMS IN BIHAR AND UP	65,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	HOLD GOVERNMENTS ACCOUNTABLE FOR YOUTH-RELATED FP2020 COMMITMENTS.	14,977.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT ADVOCACY INSTITUTIONS TO INFLUENCE SRHR FUNDING & POLICY IN	282,423.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ADVOCATE FOR INCREASED GOVERNMENT FP ALLOCATIONS AND EXPENDITURES, SUPPORT	279,633.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT 5 CHRISTIAN HEALTH ASSOC. ACHIEVE FP POLICY & BUDGET ADVOCACY WINS	124,840.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HOST PHC CSOS STRATEGY MEETING, ADDITIONAL FUND TO HOST PHC CSOS	115,500.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **53**

3 Enter total number of other organizations or entities **0**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	ADVOCATE FOR INCREASED ACCESS TO HEALTH AND FP EXPENDITURE DATA AND	113,596.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REDUCE UNMET NEED FOR FAMILY PLANNING TO 10% AND INCREASE MCPR TO 50% BY 2020 AND TO	101,184.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT 5 COUNTIES IN INCREASING FP BUDGET ALLOCATIONS	100,103.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO TRACK 2017/2018 FP BUDGET, ADVOCATE FOR IMPLEMENTATION OF FP CIP, AND ADVOCATE FOR	96,770.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT NATIONAL WORKING GROUP USING DD MODEL TO PRIORITIZE FP IN	80,045.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MANDERA COUNTY'S EFFORTS TO DEVELOP FIVE YEAR COSTED IMPLEMENTATION PLAN	76,751.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INTEGRATE ADOLESCENT SRH INTO CIDPS AND PUT IN PLACE MEHCANISM FOR METHOD	75,296.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO CONVENE AN IN-COUNTRY PHC STRATEGY MEETING, TO SUPPORT PARTICIPATION	67,401.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT ADVOCACY INSTITUTIONS TO INFLUENCE SRHR FUNDING & POLICY IN	60,461.	WIRE TRANSFER	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)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INCREASE EXPENDITURE DATA TO USE FOR FP BUDGET ADVOCACY	59,975.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COUNTY GOVERNMENT OF TURKANA INCREASES BUDGET ALLOCATION AND EQUITABLE	55,781.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LA PROMOTION DU CONTRACEPTIF INJECTABLE DMPA-SC EN MILIEU COMMUNAUTAIRE,	54,790.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EKITI STATE MINISTRY OF HEALTH DEVELOP FAMILY PLANNING (FP) COSTED IMPLEMENTATION	53,200.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO ESTABLISH OVERSIGHT MECHANISMS FOR FP SUPPLIES TRACKING BY FEBRUARY	50,054.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO ESTABLISH COMMUNITY-LED RH/FP SUPPLIES TRACKING MECHANISMS AND	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHMTS ALLOCATE FUNDS FOR PROCUREMENT OF IUCD INSERTION AND REMOVAL SETS	49,964.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EFFORTS TO IMPLEMENT THE RENEWAL OF LONDON SUMMIT COMMITMENT BY APRIL 2018	49,954.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHMTS PRIORITIZE PFPF SERVICE PROVISION	49,875.	WIRE TRANSFER	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)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CREATE 5-YEAR CIPS AND FP STRATEGY IN KAJIADO COUNTY	49,475.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCREASE MODERN CONTRACEPTIVE PREVALENCE RATE TO 50% AND REDUCE THE	48,275.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ADVOCATE FOR THE PROVISION OF FAMILY PLANNING SERVICES AND TRAINING FOR HEALTH	47,669.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CONTRIBUTE TO IMPROVING THE ACCESS OF WOMEN OF CHILD-BEARING AGE TO	44,960.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	REDUCE UNMET NEED FOR FAMILY PLANNING TO 10% AND INCREASE MCPR TO 50% BY 2020.	43,371.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DEVELOP ACTION PLAN IN KINONDOMI MUNICIPAL COUNCIL TO PROVIDE TECHNICAL	43,298.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCREASE MCPR TO 50% AND REDUCE THE UNMET NEED FOR FP TO 10% BY 2020.	34,515.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ADVOCATE FOR THE COMMISSIONER OF HEALTH TO RELEASE FP FUNDS FROM THE SOML	32,965.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ADVOACY FOR FAMILY PLANNING POST PARTUM INIVITIAVE (F3PC), COVER STAFF	21,721.	WIRE TRANSFER	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)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INCREASE KNOWLEDGE OF FAITH LEADER'S UNDERSTANDING OF FP ADVOCACY	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORTING FP RELIGION ROUNDTABLE IN AUGUST 2017	20,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HOLD GOVERNMENTS ACCOUNTABLE FOR YOUTH-RELATED FP2020 COMMITMENTS	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HOLD GOVERNMENTS ACCOUNTABLE FOR YOUTH-RELATED FP2020 COMMITMENTS.	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HOLD GOVERNMENTS ACCOUNTABLE FOR YOUTH-RELATED FP2020 COMMITMENTS.	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HOLD GOVERNMENTS ACCOUNTABLE FOR YOUTH-RELATED FP2020 COMMITMENTS	15,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HOLD GOVERNMENTS ACCOUNTABLE FOR YOUTH-RELATED FP2020 COMMITMENTS.	14,960.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HOLD GOVERNMENTS ACCOUNTABLE FOR YOUTH-RELATED FP2020 COMMITMENTS.	14,919.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORTING FP RELIGION ROUNDTABLE IN AUGUST 2017	13,000.	WIRE TRANSFER	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)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORTING FP RELIGION ROUNDTABLE IN AUGUST 2017	12,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORTING FP RELIGION ROUNDTABLE IN AUGUST 2017	12,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORTING FP RELIGION ROUNDTABLE IN AUGUST 2017	12,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CONTINUE MEDIA ENGAGEMENT TO ADVANCE ADVOCACY STRATEGY	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT POLICY ANALYSIS AND DISSEMINTE FINSNDINGS TO ADVANCE ADVOCAY	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT HARMONIZATION AND SENSITIZATION OF NEW AGE OF CONSENT LANGUAGE IN ZAMBIAN	7,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DECREASE STOCK OUTS OF REPRODUCTIVE HEALTH SUPPLIES IN MACHINGA DISTRICT,	7,487.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CONTINUE COALITION WORK ENGAGEMENT	7,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRAVEL GRANT TO ATTEND PHC STRATEGY MEETING	6,484.	WIRE TRANSFER	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.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT ADVOCACY INSTITUTIONS TO INFLUENCE SRHR FUNDING & POLICY IN ZAMBIA, TO BUILD STRONGER ADVOCACY INSTITUTIONS THAT CAN EFFECTIVELY INFLUENCE FUNDING AND POLICY DECISIONS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN MALAWI, SUPPORT PARTICIPATION IN TECHNICAL TASK TEAM TO DRAFT AYSRH CONCEP TO GFF, ADVOCATE FOR FP AYSRH STAFF TRANINING IN NDOLE AND MSAITI DISTRICTS, THE GOVERNMENT OF ZIMBABWE INCREASES THE PORTION OF THE NATIONAL HEALTH BUDGET (FY2018) DEDICATED TO FP FROM 1.7% TO 3% BY JUNE 2018, AND ALLOCATE BUDGET TO STREGTHEN PUBLIC SERVICE PROVIDERS ON LARCS BY JUNE 2018

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVOCATE FOR INCREASED GOVERNMENT FP ALLOCATIONS AND EXPENDITURES, SUPPORT ADVOCACY INSTITUTIONS TO INFLUENCE SRHR FUNDING & POLICY IN ZAMBIA, ESTABLISH FP TECHNICAL WORKING GROUP IN MAZABUKA AND MONZE, SUPPORT PROJECT ACTIVITIES TO OVERSEE DMPA DISTRIBUTION, HOST

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.

SMART SESSION, AND HOST TECHNICAL WORKING GROUP IMPACTNOW WORKSHOP

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: HOST PHC CSOS STRATEGY MEETING, ADDITIONAL FUND TO HOST PHC CSOS STRATEGY MEETING, HOST UHC DAY CONVENING IN GHANA, AND LEAD CIVIL SOCIETY ADVOCACY EFFORTS TO INFORM AND INFLUENCE THE POLICY, FINANCING AND PROGRAMMING PRIORITIES IN SUPPORT OF PRIMARY HEALTH CARE SYSTEM IMPROVEMENT IN GHANA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVOCATE FOR INCREASED ACCESS TO HEALTH AND FP EXPENDITURE DATA AND INCREASE NUMBER FACILITIES PROVIDING REPRODUCTIVE HEALTH ADOLESCENT AND YOUTH FRIENDLY SERVICES (AYFS) BY 20%.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: REDUCE UNMET NEED FOR FAMILY PLANNING TO 10% AND INCREASE MCPR TO 50% BY 2020 AND TO DEVELOP A COSTED IMPLEMENTATION PLAN THAT INCLUDES DMPA-SC IN THE FP METHOD MIX INTEGRATION AND POLICIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO TRACK 2017/2018 FP BUDGET, ADVOCATE FOR IMPLEMENTATION OF FP CIP, AND ADVOCATE FOR INCREASED FP ALLOCATION IN 2018/2019 BUDGET IN MACHAKOS COUNTY, KENYA AND PRESENT CIP HIGHLIGHTS AND FP ALLOCATION AT COUNTY ASSEMBLY RETREAT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT NATIONAL WORKING GROUP USING DD MODEL TO

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.

PRIORITIZE FP IN NATIONAL PLANS**REGION: SUB-SAHARAN AFRICA**

(D) PURPOSE OF GRANT: MANDERA COUNTY'S EFFORTS TO DEVELOP FIVE YEAR COSTED IMPLEMENTATION PLAN AND COUNTY DIRECTOR OF HEALTH ISSUES TO EXPAND POSTPARTUM FAMILY PLANNING FOR YOUNG MOTHERS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INTEGRATE ADOLESCENT SRH INTO CIDPS AND PUT IN PLACE MEHCANISM FOR METHOD MIX DISTRIBUTION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO CONVENE AN IN-COUNTRY PHC STRATEGY MEETING, TO SUPPORT PARTICIPATION IN PHC STRATEGY GROUP, AND SUPPORT PARTICIPATION IN 2017 UHC FORUM

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT ADVOCACY INSTITUTIONS TO INFLUENCE SRHR FUNDING & POLICY IN MALAWI

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: COUNTY GOVERNMENT OF TURKANA INCREASES BUDGET ALLOCATION AND EQUITABLE DISTRIBUTION FOR POST-PARTUM FAMILY PLANNING COMMODITIES BY 2018.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LA PROMOTION DU CONTRACEPTIF INJECTABLE DMPA-SC EN

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.

MILIEU COMMUNAUTAIRE, ET LLABORATION DUN PLAN NATIONAL DINTRODUCTION DU
DMPA-SC EN MILIEU COMMUNAUTAIRE DICI FIN 2018.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: EKITI STATE MINISTRY OF HEALTH DEVELOP FAMILY
PLANNING (FP) COSTED IMPLEMENTATION PLAN (CIP) BY JUNE 30, 2018

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ESTABLISH OVERSIGHT MECHANISMS FOR FP SUPPLIES
TRACKING BY FEBRUARY 2018

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ESTABLISH COMMUNITY-LED RH/FP SUPPLIES TRACKING
MECHANISMS AND DELIVERY

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: INCREASE MODERN CONTRACEPTIVE PREVALENCE RATE TO
50% AND REDUCE THE UNMET NEED BY 10% BY 2020.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVOCATE FOR THE PROVISION OF FAMILY PLANNING
SERVICES AND TRAINING FOR HEALTH WORKERS IN FAITH-BASED HEALTH FACILITIES
IN PLATEAU STATE, NIGERIA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONTRIBUTE TO IMPROVING THE ACCESS OF WOMEN OF
CHILD-BEARING AGE TO FP SERVICES THROUGH ADVOCACY FOR FREE PFPP THROUGH

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.

THE FAMILY PLANNING POST PARTUM INITIATIVE IN THE COMMUNES (F3PC).

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DEVELOP ACTION PLAN IN KINONDOMI MUNICIPAL COUNCIL TO PROVIDE TECHNICAL SUPPORT FOR WOMENS ECONOMIC GROUPS TO INTEGRATE FP INFORMATION, COUNSELING AND SERVICES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVOCATE FOR THE COMMISSIONER OF HEALTH TO RELEASE FP FUNDS FROM THE SOML BUDGET, AND TO UTILIZE SCORECARD TO MEASURE SOML FP ALLOCATIONS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVOACY FOR FAMILY PLANNING POST PARTUM INIVITIAVE (F3PC), COVER STAFF TRAVEL TO PARTICIPATE IN OPCU ANNUAL MEETING

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT HARMONIZATION AND SENSITIZATION OF NEW AGE OF CONSENT LANGUAGE IN ZAMBIAN STRATEGIES, GUIDELINES AND POLICIES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DECREASE STOCK OUTS OF REPRODUCTIVE HEALTH SUPPLIES IN MACHINGA DISTRICT, MALAWI BY INCREASING THE DISTRICT BUDGET ALLOCATION FOR REPRODUCTIVE HEALTH SUPPLIES.

**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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

POPULATION ACTION INTERNATIONAL

Employer identification number

52-0812075

Part I Questions Regarding Compensation

1a 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

2 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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 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

8 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

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) SUZANNE EHLERS PRESIDENT & CEO	(i)	269,003.	30,000.	0.	14,950.	23,178.	337,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAROLYN VOGEL CHIEF OPERATING OFFICER	(i)	162,875.	7,500.	0.	8,519.	11,648.	190,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RAYMOND D. BOYER VICE PRESIDENT OF FINANCE	(i)	147,134.	5,000.	0.	7,607.	10,401.	170,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THERESA S. BLANDON VICE PRESIDENT OF EXTERNAL RELATIONS	(i)	181,287.	5,000.	0.	9,314.	12,736.	208,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELISHA A. DUNN-GEORGIU VICE PRESIDENT OF POLICY & ADVOCACY	(i)	145,292.	5,000.	0.	7,515.	13,010.	170,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JONATHAN J. RUCKS DIRECTOR OF ADVOCACY	(i)	138,876.	1,250.	0.	7,006.	9,580.	156,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 for the latest information.

OMB No. 1545-0047

2017

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:

INDIA, MYANMAR AND PAKISTAN.

* YOUACCESS: YOUTH OPPORTUNITIES FOR UNIVERSAL ACCESS IS A SMALL GRANTS
FUND PROVIDING SEED FUNDING FOR YOUTH-LED ORGANIZATIONS FOCUSED ON
YOUTH ACCESS TO AND USE OF CONTRACEPTION. CURRENT PARTNERS ARE IN
KENYA, ZIMBABWE, MADAGASCAR, CAMEROON AND BENIN.

* RHAP: REPRODUCTIVE HEALTH CARE ADVOCACY PARTNERSHIP IS A MULTI-YEAR
PROJECT TO BUILD STRONGER ADVOCACY INSTITUTIONS TO EFFECTIVELY
INFLUENCE FUNDING AND POLICY DECISIONS ON SRHR IN MALAWI, ZAMBIA, NIGER
AND FRANCOPHONE WEST AFRICA, REGIONALLY.

* THE OPPORTUNITY FUND SUPPORTS EMERGING, HIGH-IMPACT FAMILY PLANNING

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

POPULATION ACTION INTERNATIONAL

Employer identification number

52-0812075

ADVOCACY OPPORTUNITIES, AND IS PART OF THE 5-YEAR ADVANCE FAMILY PLANNING PROJECT (WWW.ADVANCEFAMILYPLANNING.ORG), WHOSE AIM IS TO INCREASE ACCESS TO FAMILY PLANNING THROUGH ADVOCACY, AND WORKS WITH PARTNERS IN NINE FOCAL COUNTRIES.

THE PHC PATHWAYS INITIATIVE FOCUSES ON STRENGTHENING PRIMARY HEALTH CARE (PHC) SYSTEMS AROUND THE WORLD. SEE MORE AT WWW.PHCPATHWAYS.PAI.ORG.

IN 2017, PAI LAUNCHED THE GOVERNMENT ACCOUNTABILITY FOR FAMILY PLANNING PROJECT TO DEVELOP A COMMON FRAMEWORK FOR MEASURING GOVERNMENT SPENDING ON FAMILY PLANNING. THE PROJECT ENGAGES CIVIL SOCIETY ADVOCATES FROM KENYA, TANZANIA, MALAWI, ZAMBIA, UGANDA AND NIGERIA.

THROUGHOUT 2017, PAI PROVIDED TECHNICAL ASSISTANCE ON THE GLOBAL GAG RULE TO CIVIL SOCIETY ORGANIZATIONS AND IMPLEMENTING PARTNERS TO HELP THEM UNDERSTAND THE POLICY'S IMPLICATIONS AND AVOID OVER-IMPLEMENTATION. ALL MATERIALS ARE AVAILABLE ON PAI'S ONLINE GLOBAL GAG RULE RESOURCE HUB AND HELPDESK (WWW.TRUMPGLOBALGAGRULE.PAI.ORG/).

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. WE PUBLISH A BLOG, ALL ACCESS, (WWW.PAI.ORG/BLOG) AND THREE NEWSLETTERS: WASHINGTON MEMO, THE CATALYST, AND DATA SPEAKS, WHICH ARE AVAILABLE ON PAI'S WEBSITE AT WWW.PAI.ORG/NEWSLETTERS). WE ENGAGE PRINT AND DIGITAL MEDIA OUTLETS, INCLUDING THE WASHINGTON POST, THE GUARDIAN, ALL AFRICA,

Name of the organization POPULATION ACTION INTERNATIONAL	Employer identification number 52-0812075
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VOX, BUZZFEED, THE NEW YORK TIMES AND MORE. PAI HAS A GROWING PRESENCE ON SOCIAL MEDIA (FACEBOOK: PAIWDC; TWITTER: @PAI_ORG; INSTAGRAM: PAI_INSTA; LINKEDIN: PAI).

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

LEADERSHIP ON INTERNATIONAL FP/RH PROGRAMS. IN ADDITION, PAI AND ITS PARTNERS ACHIEVED SIGNIFICANT LEGISLATIVE PROGRESS:

* PAI AND THE INTERNATIONAL FAMILY PLANNING COALITION (IFPC), WHICH PAI CHAIRS, LED A SUCCESSFUL CAMPAIGN TO GATHER 135 SIGNATURES FROM HOUSE MEMBERS AND A RECORD 30 SIGNATURES FROM SENATE MEMBERS ON REQUEST LETTERS TO THEIR RESPECTIVE APPROPRIATIONS SUBCOMMITTEE LEADERS, REQUESTING \$622.5 MILLION FOR FP/RH PROGRAMS IN THE FY2018 BILL.

* PAI SUPPORTED SUCCESSFUL EFFORTS TO OFFER AN AMENDMENT TO THE SENATE FY2018 STATE, FOREIGN OPERATIONS AND RELATED PROGRAMS SPENDING BILL THAT RESTORES FUNDING FOR BILATERAL FP/RH PROGRAMS, INCLUDING TO UNFPA, AND PERMANENTLY REPEALS THE GLOBAL GAG RULE. AS WAS EXPECTED, THE HOUSE ADOPTED A DIFFERENT VERSION.

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

THE PAI BOARD OF DIRECTORS DELEGATES RESPONSIBILITY FOR THE REVIEW OF THE COMPLETED FORM 990 TO THE AUDIT COMMITTEE. THE COMMITTEE REVIEWS THE FORM WITH THE VICE PRESIDENT OF FINANCE 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.

Name of the organization

POPULATION ACTION INTERNATIONAL

Employer identification number

52-0812075

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 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

Name of the organization

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Employer identification number

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THREE CURRENT SALARY STUDIES SUCH AS, PRM CONSULTING, INC. - MANAGEMENT COMPENSATION REPORT FOR NOT-FOR-PROFIT ORGANIZATIONS; INSIDE NGO - HEADQUARTERS SALARY, BENEFITS, AND HUMAN RESOURCE ADMINISTRATIVE POLICIES SURVEY COMPENSATION 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 360 DEGREE PERFORMANCE APPRAISAL AND SALARY REVIEW OF THE PRESIDENT/CEO 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 MAY 2017.

Name of the organization POPULATION ACTION INTERNATIONAL	Employer identification number 52-0812075
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AK, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC
 TN, UT, VA, WV, WI

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, AS AMENDED
 THE 2017 FORM 990 WAS AMENDED TO UPDATE SCHEDULE B TO REFLECT COMPLETE
 AND ACCURATE INFORMATION REGARDING A DONOR.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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/efile, click on Charities & Non-Profits, and click on 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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

RAYMOND D. BOYER, VICE PRESIDENT OF FINANCE

• 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** 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

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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.