

Form **990**

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization POPULATION ACTION INTERNATIONAL		D Employer identification number 52-0812075	
	Doing business as PAI		E Telephone number 202-557-3400	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 19TH STREET, N.W. 200		G Gross receipts \$ 13,222,489.	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: SUZANNE EHLERS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.PAI.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1965** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	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	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	11
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,979,950.	Current Year 11,679,614.
	9 Program service revenue (Part VIII, line 2g)	756,404.	1,262,616.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-46,546.	78,448.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,541.	54,971.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,780,349.	13,075,649.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,520,073.
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)		3,131,696.	3,739,106.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 489,620.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,659,571.	2,726,230.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,311,340.	8,283,332.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,530,991.	4,792,317.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 8,901,173.	End of Year 14,550,714.
	21 Total liabilities (Part X, line 26)	1,008,601.	1,383,708.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,892,572.	13,167,006.

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		Date		
	RAYMOND D. BOYER, VICE PRESIDENT OF FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN HUSKINS	Preparer's signature	Date 06/08/17	Check if self-employed <input type="checkbox"/>	PTIN P01081531
	Firm's name ▶ JOHNSON LAMBERT LLP	Firm's EIN ▶ 52-1446779	Firm's address ▶ 4242 SIX FORKS ROAD, SUITE 1500 RALEIGH, NC 27609		
			Phone no. 919-719-6400		

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

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2016, or tax year beginning _____, 2016, and ending _____, 20____

2016

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>13,075,649.</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

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 2016 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

[Handwritten Signature]

Date

6/7/2017

VICE PRESIDENT OF FINANC
Title

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	<u>J. Lambert</u>	Date	<u>6/8/17</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>201081531</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>JOHNSON LAMBERT LLP</u>			EIN	<u>52-1446779</u>				
		<u>4242 SIX FORKS ROAD, SUITE 1500</u>			Phone no.	<u>919-719-6400</u>				
		<u>RALEIGH, NC 27609</u>								

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: **6/8/2017 8:20 AM**

Notification:

Fiscal Year Begin Date: **1/1/2016**

Fiscal Year End Date: **12/31/2016**

eSigned:

Return Information

Date	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
06/08/2017	Upload Started				
06/08/2017	Released for Transmission - Validation in Progress			System	
06/08/2017	Ready to transmit - Validation Complete				
06/08/2017	Transmitted to FD	56370820171590328e00			
06/08/2017	Accepted by FD on 6/8/2017				

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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. POPULATION ACTION INTERNATIONAL	Employer identification number (EIN) or 52-0812075
	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, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** 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.

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 \$ 6,367,480. including grants of \$ 1,817,996.) (Revenue \$ 1,262,616.) SUPPORTING INTERNATIONAL SRHR ADVOCACY: A HALLMARK OF PAI IS WORKING 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 2016, PAI DISBURSED \$1.8 MILLION TO 55 GRANTEE PARTNERS IN 22 COUNTRIES THROUGH THE FOLLOWING PROGRAMS:

FAITH + FAMILY PLANNING FUND SUPPORTS FAITH-BASED ORGANIZATIONS (FBOS) IN THE GLOBAL SOUTH AS STRATEGIC ENTRY POINTS TO CULTIVATING NEW CONSTITUENCIES OF FAMILY PLANNING (FP)/REPRODUCTIVE HEALTH (RH) CHAMPIONS. SEVERAL OF OUR GRANTEES HAVE ACHIEVED QUICK POLICY WINS SINCE THE FUND'S LAUNCH IN NOVEMBER 2014, INCLUDING RELIGIOUS LEADERS'

4b (Code:) (Expenses \$ 349,228. 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 2016, 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 \$ 139,561. including grants of \$) (Revenue \$) INCUBATING NEW PARTNERSHIPS: IN 2016, PAI WAS INVITED TO ASSIST WITH ESTABLISHING A SECRETARIAT IN SUPPORT OF THE PRIMARY HEALTH CARE PERFORMANCE INITIATIVE (PHCPI), A PARTNERSHIP BRINGING 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 6,856,269.

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 check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (e.g., 40, 0, 41, 41).

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 13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 12		
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) ELIZABETH LULE DIRECTOR	1.00	X					0.	0.	0.	
(3) BARRINGTON MCFARLANE DIRECTOR	1.00	X					0.	0.	0.	
(4) DR. PATRICIA SEEMANN DIRECTOR	1.00	X					0.	0.	0.	
(5) DR. MARI SIMONEN DIRECTOR	1.00	X					0.	0.	0.	
(6) JENNIFER TAPPER DIRECTOR FROM 5/2016	1.00	X					0.	0.	0.	
(7) SUJATA LAMBA DIRECTOR FROM 5/2016	1.00	X					0.	0.	0.	
(8) BARBARA CAMENS DIRECTOR FROM 5/2016	1.00	X					0.	0.	0.	
(9) ENRIQUE GONI DIRECTOR THRU 8/2016	1.00	X					0.	0.	0.	
(10) DR. THOMAS LOVEJOY DIRECTOR THRU 5/2016	1.00	X					0.	0.	0.	
(11) JACKIE PAYNE CHAIR	3.00	X		X			0.	0.	0.	
(12) DR. POURU BHIWANDI VICE CHAIR	2.00	X		X			0.	0.	0.	
(13) KIMBERLY BROOKS SECRETARY	2.00	X		X			0.	0.	0.	
(14) SUELLEN LAMBERT LAZARUS TREASURER	2.00	X		X			0.	0.	0.	
(15) SUZANNE EHLERS PRESIDENT & CEO	40.00	X		X			279,205.	0.	69,424.	
(16) CAROLYN VOGEL CHIEF OPERATING OFFICER	40.00			X			157,319.	0.	37,833.	
(17) RAYMOND D. BOYER VICE PRESIDENT OF FINANCE	40.00			X			142,931.	0.	34,373.	

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) THERESA S. BLANDON VICE PRESIDENT OF EXTERNAL RELATIONS	40.00			X				178,798.	0.	42,999.
(19) ELISHA A. DUNN-GEORGIOU VICE PRESIDENT OF PROGRAMS	40.00					X		135,300.	0.	34,817.
(20) JONATHAN J. RUCKS DIRECTOR OF ADVOCACY	40.00					X		131,779.	0.	31,691.
(21) AMY E. BUTLER DIRECTOR OF FOUNDATION RELATIONS	40.00					X		119,582.	0.	28,758.
(22) CRAIG LASHER SENIOR FELLOW	40.00					X		114,340.	0.	27,497.
(23) ARIANA CHILDS GRAHAM DIRECTOR, PRIMARY HEALTH CARE INITIA	40.00					X		113,285.	0.	27,243.
1b Sub-total								1,372,539.	0.	334,635.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,372,539.	0.	334,635.

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 **11**

	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
MERCEDES MAS DE XAXAS LUIS ANTUNEZ, 6, BARCELONA, SPAIN 08006	INTERNATIONAL ADVOCACY	109,023.

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 **1**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 14,468.					
	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 11,665,146.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		11,679,614.				
Program Service Revenue	2 a SERVICE CONTRACT REVENUE	Business Code 900099	1,262,616.	1,262,616.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,262,616.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		86,096.			86,096.	
	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				
		6,713.	132,479.				
		b Less: cost or other basis and sales expenses					
		6,521.	140,319.				
	c Gain or (loss)	192.	-7,840.				
	d Net gain or (loss)			-7,648.		-7,648.	
	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	49,572.			49,572.		
b MISCELLANEOUS INCOME	900099	5,399.			5,399.		
c							
d All other revenue							
e Total. Add lines 11a-11d		54,971.					
12 Total revenue. See instructions.		13,075,649.	1,262,616.	0.	133,419.		

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	200.	200.		
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	1,817,796.	1,817,796.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	942,882.	762,665.	108,575.	71,642.
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	2,382,575.	1,927,179.	274,363.	181,033.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	109,522.	88,589.	12,612.	8,321.
9 Other employee benefits	87,157.	70,500.	10,035.	6,622.
10 Payroll taxes	216,970.	175,500.	24,984.	16,486.
11 Fees for services (non-employees):				
a Management				
b Legal	8,010.	6,313.	1,213.	484.
c Accounting	46,893.	36,958.	7,104.	2,831.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,135.		14,135.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	724,955.	571,372.	109,824.	43,759.
12 Advertising and promotion	16,952.	16,825.	61.	66.
13 Office expenses	146,547.	91,572.	38,329.	16,646.
14 Information technology	286,244.	216,165.	49,955.	20,124.
15 Royalties				
16 Occupancy	805,114.	492,709.	221,362.	91,043.
17 Travel	354,475.	334,730.	12,436.	7,309.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	117,927.	111,352.	4,140.	2,435.
20 Interest	4,180.	2,617.	1,082.	481.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	72,028.	43,891.	20,047.	8,090.
23 Insurance	43,019.	26,326.	11,828.	4,865.
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	70,614.	53,534.	11,438.	5,642.
b TAXES & LICENSES	11,464.	7,177.	2,968.	1,319.
c BAD DEBT EXPENSE	2,764.	1,730.	716.	318.
d MISCELLANEOUS EXPENSES	909.	569.	236.	104.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,283,332.	6,856,269.	937,443.	489,620.
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	6,500,069.	2	6,580,712.
	3 Pledges and grants receivable, net	1,201,363.	3	2,297,037.
	4 Accounts receivable, net	149,725.	4	557,249.
	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	129,260.	9	233,497.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,517,317.		
	b Less: accumulated depreciation	10b 460,909.	293,109.	10c 1,056,408.
	11 Investments - publicly traded securities	349,874.	11	3,825,311.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	277,273.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,901,173.	16	14,550,714.	
Liabilities	17 Accounts payable and accrued expenses	237,043.	17	279,111.
	18 Grants payable	307,516.	18	659,714.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	464,042.	25	444,883.
	26 Total liabilities. Add lines 17 through 25	1,008,601.	26	1,383,708.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,006,382.	27	4,296,047.
	28 Temporarily restricted net assets	3,729,522.	28	8,714,291.
	29 Permanently restricted net assets	156,668.	29	156,668.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,892,572.	33	13,167,006.	
34 Total liabilities and net assets/fund balances	8,901,173.	34	14,550,714.	

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	13,075,649.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,283,332.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,792,317.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,892,572.
5	Net unrealized gains (losses) on investments	5	184,066.
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	298,051.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,167,006.

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 _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6152323.	5511728.	9656410.	4979950.	11679614.	37980025.
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	6152323.	5511728.	9656410.	4979950.	11679614.	37980025.
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)						17721829.
6 Public support. Subtract line 5 from line 4.						20258196.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	6152323.	5511728.	9656410.	4979950.	11679614.	37980025.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56,391.	66,685.	77,654.	52,911.	86,096.	339,737.
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.)	420.	3,065.	99,292.	90,541.	54,971.	248,289.
11 Total support. Add lines 7 through 10						38568051.
12 Gross receipts from related activities, etc. (see instructions)					12	1,704,779.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	52.53 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	61.13 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

2012 AMOUNT: \$ 420.

2013 AMOUNT: \$ 3,065.

2014 AMOUNT: \$ 1,687.

2015 AMOUNT: \$ 6,000.

2016 AMOUNT: \$ 5,399.

SUBLEASE INCOME

2014 AMOUNT: \$ 97,605.

2015 AMOUNT: \$ 84,541.

2016 AMOUNT: \$ 49,572.

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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) (2016)

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	<hr/> <hr/> <hr/>	\$ 4,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,825,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,657,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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	
(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	
(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	
(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	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

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.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	84,280.													
c	Total lobbying expenditures (add lines 1a and 1b)	84,280.													
d	Other exempt purpose expenditures	8,199,052.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	8,283,332.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	564,167.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)	141,042.													
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	417,046.	447,320.	515,567.	564,167.	1,944,100.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,916,150.
c Total lobbying expenditures	62,058.	143,195.	80,897.	84,280.	370,430.
d Grassroots nontaxable amount	104,262.	111,830.	128,892.	141,042.	486,026.
e Grassroots ceiling amount (150% of line 2d, column (e))					729,039.
f Grassroots lobbying expenditures			1,173.		1,173.

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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	156,668.	156,668.	156,668.	156,668.	156,668.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	156,668.	156,668.	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 _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
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		472,804.	19,236.	453,568.
d Equipment		1,044,513.	441,673.	602,840.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,056,408.

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	421,417.
(3) CAPITAL LEASE OBLIGATION	23,466.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	444,883.

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	13,381,593.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	184,066.	
b	Donated services and use of facilities	2b	128,173.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	312,239.
3	Subtract line 2e from line 1		3	13,069,354.
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	14,135.	
b	Other (Describe in Part XIII.)	4b	-7,840.	
c	Add lines 4a and 4b		4c	6,295.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	13,075,649.

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	8,405,210.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	128,173.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	7,840.	
e	Add lines 2a through 2d		2e	136,013.
3	Subtract line 2e from line 1		3	8,269,197.
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	14,135.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	14,135.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	8,283,332.

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 OF \$156,668.

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, 2016.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET DISPOSAL -7,840.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

LOSS ON FIXED ASSET DISPOSAL 7,840.

Horizontal lines for supplemental information.

**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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

POPULATION ACTION INTERNATIONAL

52-0812075

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		83,596.
EUROPE	0	1	PROGRAM SERVICES	INTERNATIONAL ADVOCACY	109,023.
NORTH AMERICA	0	0	PROGRAM SERVICES	INTERNATIONAL ADVOCACY	200.
SOUTH ASIA	0	0	GRANT MAKING		218,800.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		1,515,400.
3 a Sub-total	0	1			1,927,019.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	1			1,927,019.

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

Schedule F (Form 990) 2016

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	ENSURE HIGH SCHOOL STUDENTS ARE ABLE TO ACCESS RH INFORMATION AND SERVICES IN CEBU	49,028.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TO MOBILIZE RELIGIOUS LEADERS AND INSTITUTIONS TO ADVOCATE FOR THE	29,384.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TO CONDUCT AN ASSESSMENT OF THE GAPS, OPPORTUNITIES, AND CHALLENGES AT A	5,184.	WIRE TRANSFER	0.		
		SOUTH ASIA	TO IMPROVE QUALITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH WITHIN THE HEALTH	65,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TO CONDUCT AN ASSESSMENT OF THE GAPS, OPPORTUNITIES, AND CHALLENGES AT A	53,383.	WIRE TRANSFER	0.		
		SOUTH ASIA	TO IMPROVE QUALITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH WITHIN THE HEALTH	50,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TO IMPROVE QUALITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH WITHIN THE HEALTH	45,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	TO CONDUCT AN ASSESSMENT OF THE GAPS, OPPORTUNITIES, AND CHALLENGES AT A	5,417.	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 **51**

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	FOR GHANA'S FIRST NATIONAL ADOLESCENT HEALTH AND DEVELOPMENT POLICY	200,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	AMENDMENT OF COMMUNITY HEALTH EXTENSION WORKERS PRE SERVICE CURRICULUM TO	166,085.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LEAD COALITION OF IN-COUNTRY PARTNERS WORKING TO ADVOCATE FOR PHC IN NIGERIA.	150,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENSURE FP SERVICES AND COMMODITIES IN ALL HEALTH FACILITIES IN EASTERN PROVINCE	104,558.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT MADAGASCAR'S FP2020 COMMITMENTS AND UPDATE LAW FOR FP ACCESS FOR YOUTH AND	81,469.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT MACHAKOS GOV'T TO DEVELOP 5 YEAR COSTED IMPL STRATEGY AND WORKING	65,002.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO CONDUCT AN ASSESSMENT OF THE GAPS, OPPORTUNITIES, AND CHALLENGES AT A	63,765.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BY JANUARY 2017 NDOLA, KITWE, CHINGOLA AND LUANSHYA DISTRICTS ALLOCATE 5%	57,843.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRAVEL ADDENDUM FOR QUEST MEETING IN DAKAR, SENEGAL, TO CONDUCT AN ASSESSMENT	55,480.	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	PRIORITIZE INCLUSION OF YOUTH IN FAMILY PLANNING PACKAGE IMPLEMENTATION FOR	49,929.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVING THE ENABLING ENVIRONMENT TO ENSURE ACCESS TO FAMILY PLANNING	40,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT NAKURO GOVERNMENT TO DEVELOP 5 YEAR COSTED FAMILY PLANNING STRATEGY.	39,974.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT SEND GHANA, UNIVERSAL ACCESS TO HEALTH CARE CAMPAIGN, GHANA NEWS	35,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	THE ESTABLISHMENT OF A COMPREHENSIVE, COMPREHENSIVE AND CONSENSUAL LEGAL	31,770.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT THE UNIVERSAL ACCESS TO HEALTH CARE CAMPAIGN TO MOBILIZE MEMBERS	30,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO DEVELOP A COSTED IMPLEMENTATION PLAN AND SUPPORT FBO-DRIVEN FP BUDGET	29,791.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ESTABLISH A LINE ITEM FOR FAMILY PLANNING AND SECURE FUNDING FOR THE FP LINE ITEM.	24,470.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO SUPPORT THE PUBLIC VISIBILITY COMPONENT OF PHC ADVOCACY CAMPAIGN ACTIVITIES	20,000.	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	IN MBALE DISTRICT, TEN TECHNICAL COLLEGES AND TWO UNIVERSITIES COMMIT	17,004.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCREASE YOUTH ACCESS TO AND USE OF CONTRACEPTIVES.	14,970.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO BUILD STRONGER ADVOCACY INSTITUTIONS THAT CAN EFFECTIVELY INFLUENCE FUNDING AND	14,937.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO BUILD STRONGER ADVOCACY INSTITUTIONS THAT CAN EFFECTIVELY INFLUENCE FUNDING AND	14,887.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCREASE YOUTH ACCESS TO AND USE OF CONTRACEPTIVES.	13,954.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCREASE YOUTH ACCESS TO AND USE OF CONTRACEPTIVES.	13,560.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCREASE YOUTH ACCESS TO AND USE OF CONTRACEPTIVES.	10,637.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO ENSURE UNIVERSAL HEALTH COVERAGE FOR THE PEOPLE OF CROSS RIVER STATE.	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	STRENGTHEN THE PRIMARY HEALTH CARE SERVICE DELIVERY IN OYO STATE.	10,000.	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	TO ADVOCATE FOR THE REVIEW AND RE-ENACTMENT OF THE LAW ESTABLISHING	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ADVANCE PHCUOR TO IMPROVE UNIVERSAL HEALTH COVERAGE FOR THE CITIZENS OF ABIA	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DEVELOP AND IMPLEMENT A REALISTIC COSTED MINIMUM SERVICE PACKAGE (MSP) FOR THE	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO SEE A BETTER-QUALITY PRIMARY HEALTH CARE DELIVERY IN NIGER	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPROVED PRIMARY HEALTH CARE FOR EFFICIENT AND EFFECTIVE HEALTHCARE	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO MOBILIZE RELIGIOUS LEADERS AND INSTITUTIONS TO ADVOCATE FOR THE	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT UGANDA'S FP2020 COMMITMENTS, AND FAMILY PLANNING COSTED IMPLEMENTATION	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCREASE YOUTH ACCESS TO AND USE OF CONTRACEPTIVES.	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO ADVOCATE FOR THE REVIEW AND RE-ENACTMENT OF THE LAW ESTABLISHING	9,841.	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	TO HAVE A SUSTAINABLE AND FUNCTIONAL LOCAL GOVERNMENT HEALTH AUTHORITY IN ALL THE	9,580.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT UGANDA'S FP2020 COMMITMENTS BY SHIFTING INJECTABLE CONTRACEPTIVES.	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO INCREASE KNOWLEDGE AND AWARENESS OF STAKEHOLDERS ON THE BENEFITS OF ADOPTING	8,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INCREASE YOUTH ACESS TO AND USE OF CONTRACEPTIVES.	7,495.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GRANT ADDENDUM FOR SITE VISIT TO KILIFI WITH PAI AND DONOR STAFF.	7,015.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TO ADVOCATE FOR IMPROVED QUALITY, ACCESS AND EQUITY OF PRIMARY HEALTH CARE	7,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENSURE ACCESSIBLE FAMILY PLANNING SERVICES AND COMMODITIES IN ALL	6,843.	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; do not 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; do not 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: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: ENSURE HIGH SCHOOL STUDENTS ARE ABLE TO ACCESS RH
INFORMATION AND SERVICES IN CEBU CITY.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO MOBILIZE RELIGIOUS LEADERS AND INSTITUTIONS TO
ADVOCATE FOR THE IMPLEMENTATION OF THE RESPONSIBLE PARENTHOOD AND
REPRODUCTIVE HEALTH (RPRH) LAW.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO CONDUCT AN ASSESSMENT OF THE GAPS,
OPPORTUNITIES, AND CHALLENGES AT A SYSTEMS LEVEL THAT AFFECT THE QUALITY
OF REPRODUCTIVE HEALTH PROGRAMS.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO IMPROVE QUALITY OF FAMILY PLANNING AND

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.

REPRODUCTIVE HEALTH WITHIN THE HEALTH SYSTEM AND BROADER LEGAL AND REGULATORY STRUCTURES IN INDIA.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO CONDUCT AN ASSESSMENT OF THE GAPS, OPPORTUNITIES, AND CHALLENGES AT A SYSTEMS LEVEL THAT AFFECT THE QUALITY OF REPRODUCTIVE HEALTH PROGRAMS AND TO IMPROVE QUALITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH WITHIN THE HEALTH SYSTEM AND BROADER LEGAL AND REGULATORY STRUCTURES IN PAKISTAN, WITH A FOCUS ON SINDH PROVINCE.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO IMPROVE QUALITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH WITHIN THE HEALTH SYSTEM AND BROADER LEGAL AND REGULATORY STRUCTURES IN THE DEMOCRATIC REPUBLIC OF CONGO WITH A FOCUS ON GOMBE STATE.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO IMPROVE QUALITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH WITHIN THE HEALTH SYSTEM AND BROADER LEGAL AND REGULATORY STRUCTURES IN PAKISTAN, WITH A FOCUS ON SINDH PROVINCE.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO CONDUCT AN ASSESSMENT OF THE GAPS, OPPORTUNITIES, AND CHALLENGES AT A SYSTEMS LEVEL THAT AFFECT THE QUALITY OF REPRODUCTIVE HEALTH PROGRAMS.

REGION: SUB-SAHARAN AFRICA

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.

(D) PURPOSE OF GRANT: FOR GHANA'S FIRST NATIONAL ADOLESCENT HEALTH AND DEVELOPMENT POLICY (NADH) TO PRIORITIZE PROVISION OF A WIDE RANGE OF CONTRACEPTIVE METHODS, LEAD GHANA IN-COUNTRY PARTNER COALITION FOR PHC; PARTICIAPTE IN PHC GLOBAL COALITION, AND GHANA STORYTELLING TRIP TO SHOWCASE PRIMARY HEALTH CARE QUALITY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: AMENDMENT OF COMMUNITY HEALTH EXTENSION WORKERS PRE SERVICE CURRICULUM TO INCLUDE LONG ACTING REVISABLE CONTRACEPTIVE (LARC) COMPETENCY BASED TRAINING BY DEC. 2016 AND THE GHANA HEALTH SERVICE ISSUES A TASK-SHARING POLICY BY AUGUST 2017 TO ALLOW INTRA UTERINE DEVICE (IUD) INSERTION AND REMOVAL BY COMMUNITY HEALTH NURSES.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENSURE FP SERVICES AND COMMODITIES IN ALL HEALTH FACILITIES IN EASTERN PROVINCE AND TO BUILD STRONGER ADVOCACY INSTITUTIONS THAT CAN EFFECTIVELY INFLUENCE FUNDING AND POLICY DECISIONS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN ZAMBIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT MADAGASCAR'S FP2020 COMMITMENTS AND UPDATE LAW FOR FP ACCESS FOR YOUTH AND OPORTUNITY FUND ACTIVITIES SUPPORTING IMPLEMENTATION OF NEW REPRODUCTIVE HEALTH LAW.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT MACHAKOS GOV'T TO DEVELOP 5 YEAR COSTED IMPL STRATEGY AND WORKING GROUP.

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO CONDUCT AN ASSESSMENT OF THE GAPS, OPPORTUNITIES, AND CHALLENGES AT A SYSTEMS LEVEL THAT AFFECT THE QUALITY OF REPRODUCTIVE HEALTH PROGRAMS AND TO IMPROVE QUALITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH WITHIN THE HEALTH SYSTEM AND BROADER LEGAL AND REGULATORY STRUCTURES IN ETHIOPIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BY JANUARY 2017 NDOLA, KITWE, CHINGOLA AND LUANSHYA DISTRICTS ALLOCATE 5% OF THEIR HEALTH BUDGETS TO ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH AND TO BUILD STRONGER ADVOCACY INSTITUTIONS THAT CAN EFFECTIVELY INFLUENCE FUNDING AND POLICY DECISIONS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN ZAMBIA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TRAVEL ADDENDUM FOR QUEST MEETING IN DAKAR, SENEGAL, TO CONDUCT AN ASSESSMENT OF THE GAPS, OPPORTUNITIES, AND CHALLENGES AT A SYSTEMS LEVEL THAT AFFECT THE QUALITY OF REPRODUCTIVE HEALTH PROGRAMS, AND TO IMPROVE QUALITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH WITHIN THE HEALTH SYSTEM AND BROADER LEGAL AND REGULATORY STRUCTURES IN THE DEMOCRATIC REPUBLIC OF CONGO, WITH A FOCUS ON GOMBE STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PRIORITIZE INCLUSION OF YOUTH IN FAMILY PLANNING PACKAGE IMPLEMENTATION FOR FP2020.

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVING THE ENABLING ENVIRONMENT TO ENSURE ACCESS TO FAMILY PLANNING SERVICES AND PRODUCTS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT SEND GHANA, UNIVERSAL ACCESS TO HEALTH CARE CAMPAIGN, GHANA NEWS AGENCY AND CURIOUS MINDS IN ADVOCATING FOR THE ADOPTION OF A COMPREHENSIVE PRIMARY HEALTH CARE STRATEGY TOWARDS GHANA'S ACHIEVEMENT OF UNIVERSAL HEALTH COVERAGE BY 2030.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: THE ESTABLISHMENT OF A COMPREHENSIVE, COMPREHENSIVE AND CONSENSUAL LEGAL FRAMEWORK FOR REPRODUCTIVE HEALTH (SR) AND FAMILY PLANNING (FP) AND TO PROMOTE UNIVERSAL ACCESS TO SR / FP CARE AND PROTECT VULNERABLE INDIVIDUALS AND COMMUNITIES (WOMEN AND CHILDREN) AND PARTICIPATION IN ANNUAL OUAGADOUGOU PARTNERSHIP MEETING.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT THE UNIVERSAL ACCESS TO HEALTH CARE CAMPAIGN TO MOBILIZE MEMBERS TO UNDERTAKE A NATIONAL PHC ADVOCACY FOR IMPROVEMENTS IN QUALITY, ACCESS AND EQUITY IN HEALTH CARE DELIVERY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO DEVELOP A COSTED IMPLEMENTATION PLAN AND SUPPORT FBO-DRIVEN FP BUDGET ADVOCACY IN KINONDONI MUNICIPAL COUNCIL, DAR ES SALAAM.

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT THE PUBLIC VISIBILITY COMPONENT OF PHC ADVOCACY CAMPAIGN ACTIVITIES OF ISODEC, CLIKGOLD ASSOCIATION, UNIVERSAL ACCESS TO HEALTH CARE CAMPAIGN AND SEND GHANA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IN MBALE DISTRICT, TEN TECHNICAL COLLEGES AND TWO UNIVERSITIES COMMIT TO INCLUDING CONTRACEPTIVE SERVICES IN THEIR INSTITUTIONAL BUDGETS AND ALLOW LOCAL RH ORGANIZATIONS TO CONDUCT OUTREACH ON CAMPUSES. TWENTY SECONDARY SCHOOL HEADS SUPPORT INCLUSION OF CONTRACEPTIVE INFORMATION FOR STUDENTS.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO BUILD STRONGER ADVOCACY INSTITUTIONS THAT CAN EFFECTIVELY INFLUENCE FUNDING AND POLICY DECISIONS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN MALAWI.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO BUILD STRONGER ADVOCACY INSTITUTIONS THAT CAN EFFECTIVELY INFLUENCE FUNDING AND POLICY DECISIONS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN MALAWI.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ADVOCATE FOR THE REVIEW AND RE-ENACTMENT OF THE LAW ESTABLISHING NSPHCDA IN LINE WITH NATIONAL GUIDELINES AND TO ADVOCATE FOR THE CONSTITUTION OF THE BOARD FOR THE AGENCY.

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ADVANCE PHCUOR TO IMPROVE UNIVERSAL HEALTH
COVERAGE FOR THE CITIZENS OF ABIA STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DEVELOP AND IMPLEMENT A REALISTIC COSTED MINIMUM
SERVICE PACKAGE (MSP) FOR THE DIFFERENT CATEGORY OF HEALTH FACILITIES IN
GOMBE STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO SEE A BETTER-QUALITY PRIMARY HEALTH CARE
DELIVERY IN NIGER STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPROVED PRIMARY HEALTH CARE FOR EFFICIENT AND
EFFECTIVE HEALTHCARE DELIVERY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO MOBILIZE RELIGIOUS LEADERS AND INSTITUTIONS TO
ADVOCATE FOR THE IMPLEMENTATION OF THE RESPONSIBLE PARENTHOOD AND
REPRODUCTIVE HEALTH (RPRH) LAW.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT UGANDA'S FP2020 COMMITMENTS, AND FAMILY
PLANNING COSTED IMPLEMENTATION PLAN.

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ADVOCATE FOR THE REVIEW AND RE-ENACTMENT OF THE LAW ESTABLISHING BSPHCDA IN LINE WITH NATIONAL GUIDELINES AND TO ADVOCATE FOR THE CONSTITUTION OF THE BOARD FOR THE AGENCY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO HAVE A SUSTAINABLE AND FUNCTIONAL LOCAL GOVERNMENT HEALTH AUTHORITY IN ALL THE 20 LOCAL GOVERNMENT AREAS AND 37 LOCAL COUNCIL DEVELOPMENT AREAS IN THE STATE.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO INCREASE KNOWLEDGE AND AWARENESS OF STAKEHOLDERS ON THE BENEFITS OF ADOPTING A COMPREHENSIVE PHC STRATEGY.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: TO ADVOCATE FOR IMPROVED QUALITY, ACCESS AND EQUITY OF PRIMARY HEALTH CARE (PHC) DELIVERY IN GHANA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENSURE ACCESSIBLE FAMILY PLANNING SERVICES AND COMMODITIES IN ALL HEALTH FACILITIES IN EASTERN PROVINCE AND ENSURE SUSTAINED SUPPORT FOR FAMILY PLANNING DURING GOVERNMENT TRANSITION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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) 2016

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)	259,205.	20,000.	0.	13,960.	55,464.	348,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAROLYN VOGEL CHIEF OPERATING OFFICER	(i)	157,319.	0.	0.	7,866.	29,967.	195,152.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RAYMOND D. BOYER VICE PRESIDENT OF FINANCE	(i)	135,431.	7,500.	0.	7,147.	27,226.	177,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THERESA S. BLANDON VICE PRESIDENT OF EXTERNAL RELATIONS	(i)	178,798.	0.	0.	8,940.	34,059.	221,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELISHA A. DUNN-GEORGIU VICE PRESIDENT OF PROGRAMS	(i)	135,300.	0.	0.	6,765.	28,052.	170,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JONATHAN J. RUCKS DIRECTOR OF ADVOCACY	(i)	131,779.	0.	0.	6,589.	25,102.	163,470.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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:

COMMITMENT FOR FP IN BENIN, UGANDA, KENYA AND THE DEMOCRATIC REPUBLIC
OF THE CONGO (DRC), AND FUNDING AT THE SUBNATIONAL LEVEL FOR FP IN
BENIN AND KENYA.

QUEST: QUALITY UPHELD, EVERY SERVICE, EVERY TIME EXAMINES QUALITY AND
RIGHTS IN REPRODUCTIVE HEALTHCARE IN FIVE GEOGRAPHIES: DRC, ETHIOPIA,
INDIA, MYANMAR AND PAKISTAN. LAUNCHED IN EARLY 2015, QUEST COMPLETED
ITS RESEARCH PHASE DURING 2016 AND BEGAN USING THAT INFORMATION TO
DEVELOP ADVOCACY OBJECTIVES AND STRATEGIES TO ADDRESS BARRIERS TO
QUALITY REPRODUCTIVE HEALTH CARE IN EACH COUNTRY.

YOUACCESS: YOUTH OPPORTUNITIES FOR UNIVERSAL ACCESS IS A SMALL GRANTS
FUND PROVIDING SEED FUNDING FOR YOUTH-LED ORGANIZATIONS FOCUSED ON

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

Schedule O (Form 990 or 990-EZ) (2016)

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YOUTH ACCESS TO AND USE OF CONTRACEPTION. LAUNCHED IN 2016 WITH AN OVERWHELMING RESPONSE OF 99 APPLICATIONS, PAI AWARDED SIX INAUGURAL YOUNG LEADERS GRANTS TO YOUTH-LED ORGANIZATIONS IN KENYA, ZIMBABWE, MADAGASCAR, CAMEROON AND BENIN.

RHAP: REPRODUCTIVE HEALTH CARE ADVOCACY PARTNERSHIP, PAI'S NEWEST COUNTRY-ADVOCACY INITIATIVE (LAUNCHED IN SEPTEMBER 2016), IS A MULTI-YEAR PROJECT TO BUILD STRONGER ADVOCACY INSTITUTIONS THAT CAN EFFECTIVELY INFLUENCE FUNDING AND POLICY DECISIONS ON SRHR IN MALAWI AND ZAMBIA. BEGINNING IN 2017, THIS WORK WILL EXPAND TO NIGER AND FRANCOPHONE WEST AFRICA, REGIONALLY.

THE OPPORTUNITY FUND SUPPORTS EMERGING, HIGH-IMPACT FAMILY PLANNING ADVOCACY OPPORTUNITIES. BEGUN IN MAY 2013, IT IS A FLEXIBLE SOURCE OF FINANCIAL AND TECHNICAL ASSISTANCE FOR FOCUSED ADVOCACY AT NATIONAL, STATE AND DISTRICT LEVELS. THE FUND 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.

AS A COMPLEMENT TO ITS COUNTRY-LEVEL SRHR ADVOCACY SUPPORT AND COACHING, PAI LAUNCHED A NEW PROGRAM IN EARLY 2016 AIMED AT STRENGTHENING PRIMARY HEALTH CARE (PHC) SYSTEMS AROUND THE WORLD. PAI'S PHC PATHWAYS INITIATIVE HAS BROUGHT TOGETHER ADVOCATES WITH EXPERTISE IN VARIOUS PUBLIC HEALTH SECTORS UNDER THE PHC STRATEGY GROUP - WHICH PAI LEADS - TO MAKE THE CASE FOR AN INTEGRATED APPROACH TO STRENGTHENING PRIMARY HEALTH CARE SYSTEMS WITH AN EMPHASIS ON ADVOCACY OPPORTUNITIES AT THE COUNTRY LEVEL. TOGETHER WITH ITS PHC PARTNER IN

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GHANA, ALLIANCE FOR REPRODUCTIVE RIGHTS, PAI PUBLISHED "PRIMARY PROMISES: ACCESS, EQUITY AND QUALITY," A STUNNING PHOTOBOOK PROVIDING A VIVID LOOK INTO THE REALITY THAT PRIMARY HEALTH CARE IS OFTEN THE WEAKEST LINK IN A COUNTRY'S HEALTH SYSTEM: UNDERFUNDED, UNDERSTAFFED AND DEPRIORITIZED. FOR A COPY OF "PRIMARY PROMISES," CONTACT INFO@PAI.ORG.

IN ADDITION TO THESE STRATEGIC INITIATIVES, PAI IS ALSO A PROVEN RESOURCE FOR RIGOROUS, CUTTING-EDGE RESEARCH AND ANALYSIS. WE CRUNCH THE NUMBERS ON REPRODUCTIVE HEALTH FUNDING AND POLICY TO MAKE SURE ADVOCATES ALL OVER THE WORLD HAVE THE EVIDENCE THEY NEED TO CHANGE MINDS AND WIN FOR WOMEN. FOR EXAMPLE, IN MARCH 2016, PAI CONVENED 20 PARTNERS IN A BUDGET ADVOCACY EXPERT GROUP MEETING IN SOUTH AFRICA. ATTENDED BY CIVIL SOCIETY ORGANIZATION (CSO) REPRESENTATIVES FROM FIVE COUNTRIES - MALAWI, KENYA, ZAMBIA, TANZANIA AND UGANDA - THE THREE-DAY CONVENING BROUGHT TOGETHER FAMILY PLANNING BUDGET ADVOCATES AND EXPERTS ON EXPENDITURE TRACKING. LED BY PAI STAFF, PARTICIPANTS DEVELOPED A SET OF INDICATORS TO TRACK GOVERNMENT FUNDING FOR FP IN THE FIVE COUNTRIES REPRESENTED, AND MAPPED OUT WHERE ADVOCATES CAN ACCESS THE DATA. AS A FOLLOW-UP TO THE GATHERING, PAI PRODUCED THE REPORT "TOWARDS A COMMON FRAMEWORK FOR MEASURING GOVERNMENT SPENDING IN FAMILY PLANNING" ([HTTP://PAI.ORG/WP-CONTENT/UPLOADS/2016/07/TOWARDS-A-COMMON-FRAMEWORK_P](http://PAI.ORG/WP-CONTENT/UPLOADS/2016/07/TOWARDS-A-COMMON-FRAMEWORK_P)

PAI EMPLOYS A RANGE OF STRATEGIC COMMUNICATIONS ACTIVITIES TO SHOWCASE OUR WORK, OUR PARTNERS AND THE COLLECTIVE IMPACT WE MAKE TO ADVANCE SRHR AROUND THE WORLD. PAI'S WEBSITE (WWW.PAI.ORG) HAS BECOME THE MAIN COMMUNICATIONS HUB FOR SHOWCASING OUR WORK AND THAT OF OUR PARTNERS. PAI'S BLOG, ALL ACCESS (WWW.PAI.ORG/BLOG), OFFERS NEWS AND COMMENTARY

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ABOUT INTERNATIONAL FP/RH AND PROVIDES A BEHIND-THE -SCENES LOOK AT PAI'S WORK AROUND THE WORLD. WE ALSO PUBLISH THREE NEWSLETTERS: WASHINGTON MEMO, AN INCISIVE ANALYSIS OF BREAKING POLICY ISSUES ON CAPITOL HILL; THE CATALYST, A QUARTERLY PUBLICATION WITH INSIGHTFUL NEWS AND UPDATES FOR PAI DONORS AND SUPPORTERS; AND DATA SPEAKS, RESEARCH AND ANALYSIS OF PAI'S EXPERTS. ALL ACCESS AND THE NEWSLETTERS ARE DISSEMINATED VIA EMAIL TO PARTNERS, DONORS AND OTHER STAKEHOLDERS INTERESTED IN PAI (THEY ARE ALSO AVAILABLE ON PAI'S WEBSITE AT WWW.PAI.ORG/NEWSLETTERS). IN ADDITION, WE CREATE INFOGRAPHICS AND DIGITAL MICROSITES AS PUBLIC EDUCATION TOOLS AND CALLS TO ACTION. DURING 2016, WE CONDUCTED STORYTELLING TRIPS TO KENYA, MALAWI, GHANA AND DRC, TO BRING THE ON-THE-GROUND STORIES OF OUR PARTNERS TO A GLOBAL AUDIENCE. WE ENGAGE A NUMBER OF PRINT AND DIGITAL MEDIA OUTLETS, INCLUDING THE WASHINGTON POST, THE GUARDIAN, ALL AFRICA, VOX, BUZZFEED, THE NEW YORK TIMES AND MORE. PAI ALSO 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 151 SIGNATURES FROM HOUSE MEMBERS ON A LETTER TO THE STATE-FOREIGN OPERATIONS APPROPRIATIONS SUBCOMMITTEE LEADERS, REQUESTING \$648.5 MILLION FOR FP/RH PROGRAMS IN THE FY2017 BILL.

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PAI LED SUCCESSFUL EFFORTS TO WORK WITH A BI-PARTISAN GROUP OF SENATE APPROPRIATORS TO INTRODUCE AND PASS AN AMENDMENT FIXING THE SEVERE FUNDING CUTS TO INTERNATIONAL FP/RH PROGRAMS AND HARMFUL POLICIES, INCLUDING ATTEMPTS TO REINSTATE THE GLOBAL GAG RULE.

THROUGHOUT 2016, PAI CONTINUED PROVIDING IN-DEPTH ANALYSIS OF FUNDING TRENDS AND CONGRESSIONAL MEMBERS' PAST VOTING RECORDS THROUGH WASHINGTON MEMO (WWW.PAI.ORG/NEWSLETTERS) AND THE OCCASIONAL "PAI ON THE HILL" UPDATE. DURING 2016, THESE NEWSLETTERS FOCUSED ON INTERNATIONAL FP/RH FUNDING AND POLICY, THE ZIKA VIRUS, AND THE U.S. GLOBAL STRATEGY TO EMPOWER ADOLESCENT GIRLS, AMONG OTHER TOPICS. WITH THE U.S. ELECTION RESULTS IN NOVEMBER 2016, PAI BEGAN PREPARING FOR THE PRESIDENTIAL TRANSITION, SPECIFICALLY FOR THE REINSTATEMENT OF THE GLOBAL GAG RULE (WWW.TRUMPGLOBALGAGRULE.PAI.ORG), AND CUTS TO THE UNITED NATIONS POPULATION FUND (UNFPA) AND OTHER U.S. FOREIGN ASSISTANCE PROGRAMS.

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.

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

EACH OFFICER AND DIRECTOR OF THE PAI BOARD OF DIRECTORS REVIEWS, COMPLETES,

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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 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

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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
DECEMBER 2015.

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

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MO, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI

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SC, TN, UT, VA, WI, WV

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET REALIZED GAIN FROM RENEGOTIATED FACILITY LEASE	298,051.
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