

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2010

Open to Public Inspection

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

A For the 2010 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization POPULATION SERVICES INTERNATIONAL <hr/> Doing Business As <hr/> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1120 NINETEENTH STREET, NW 600 <hr/> City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 <hr/> F Name and address of principal officer: KIM SCHWARTZ SAME AS C ABOVE	D Employer identification number 56-0942853 <hr/> E Telephone number 202-785-0072 <hr/> G Gross receipts \$ 239,792,939. <hr/> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PSI.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1984 M State of legal domicile: DC		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	402
6	Total number of volunteers (estimate if necessary)	6	1480
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	46,421.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	13
9	Program service revenue (Part VIII, line 2g)	9	13
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	402
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	1480
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	46,421.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 320,324.	b	320,324.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17	153,722,697.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	243,146,221.
19	Revenue less expenses. Subtract line 18 from line 12	19	-5,382,660.
20	Total assets (Part X, line 16)	20	436,968,588.
21	Total liabilities (Part X, line 26)	21	411,444,410.
22	Net assets or fund balances. Subtract line 21 from line 20	22	25,524,178.

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 KIM SCHWARTZ, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHAEL SORRELLS, CPA <hr/> Firm's name ▶ BDO USA, LLP Firm's address ▶ 7101 WISCONSIN AVE., SUITE 800 BETHESDA, MD 20814-4827	Preparer's signature <hr/> Date Check <input type="checkbox"/> if self-employed PTIN Firm's EIN ▶ Phone no. (301) 654-4900

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question 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 ☒ No

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

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

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

- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 229,476,336. including grants of \$ 27,057,589.) (Revenue \$)
PSI IMPROVES THE HEALTH OF PEOPLE IN THE DEVELOPING WORLD BY FOCUSING
ON SERIOUS CHALLENGES SUCH AS THE LACK OF FAMILY PLANNING, HIV/AIDS,
MALARIA, CONTAMINATED WATER, AND THREATS TO MATERNAL AND CHILD HEALTH.

A HALLMARK OF PSI IS A COMMITMENT TO THE PRINCIPLE THAT HEALTH SERVICES
AND PRODUCTS ARE MOST EFFECTIVE WHEN THEY ARE ACCOMPANIED BY ROBUST
COMMUNICATIONS AND DISTRIBUTION EFFORTS THAT HELP ENSURE THEY ARE
WIDELY ACCEPTED AND PROPERLY USED.

AS A GLOBAL NON-PROFIT ORGANIZATION, PSI WORKS IN PARTNERSHIP WITH
LOCAL GOVERNMENTS, MINISTRIES OF HEALTH AND LOCAL ORGANIZATIONS. PSI
CREATES HEALTH SOLUTIONS THAT ARE BUILT TO LAST. (CONTINUED ON SCH O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses **▶** 229,476,336.

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3	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>	4 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>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	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>	11a 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>	11b	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>	11c	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>	11d 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>	11e 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>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a	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, XII, and XIII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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 25</i>	<input checked="" type="checkbox"/>	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<input checked="" type="checkbox"/>
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
25b 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>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>
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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
28c 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>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<input checked="" type="checkbox"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	
a 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>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☒

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 93		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 402		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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 to any question in this Part VI ☒ **X****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 13		
b Enter the number of voting members included in line 1a, above, who are independent 1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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 Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11a Has the organization provided a 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 Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY, AL, AK, AZ, CA, CT, DC, FL, GA, IL, KS, KY**

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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KIM SCHWARTZ - 202-785-0072**
1120 NINETEENTH STREET, NW, NO. 600, WASHINGTON, DC 20036

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
FRANK LOY DIRECTOR, CHAIR	1.50	X		X				0.	0.	0.
SARAH EPSTEIN DIRECTOR	1.00	X						0.	0.	0.
GAIL HARMON DIRECTOR	1.00	X						0.	0.	0.
JUDITH HOPE DIRECTOR	1.00	X						0.	0.	0.
GILBERT OMENN DIRECTOR	1.00	X						0.	0.	0.
MECHAI VIRAVAIDYA DIRECTOR	1.00	X						0.	0.	0.
REHANA AHMED DIRECTOR	1.00	X						0.	0.	0.
FRANK CARLUCCI DIRECTOR	1.00	X						0.	0.	0.
SHIMA GYOH DIRECTOR	1.00	X						0.	0.	0.
WILLIAM HARROP DIRECTOR	1.00	X						0.	0.	0.
ASHLEY JUDD DIRECTOR	1.00	X						0.	0.	0.
MALCOLM POTTS DIRECTOR	1.00	X						0.	0.	0.
DAVID BLOOM DIRECTOR	1.00	X						0.	0.	0.
KARL HOFMANN PRESIDENT & CHIEF EXECUTIVE OFFICER	50.00			X				355,473.	0.	71,042.
PETER CLANCY EVP & CHIEF OPERATING OFFICER	50.00			X				339,717.	0.	68,008.
KIM SCHWARTZ CHIEF FINANCIAL OFFICER, TREASURER	50.00			X				270,759.	0.	54,867.
STEVE CHAPMAN SVP & CHIEF TECHNOLOGY OFFICER	50.00			X				264,568.	0.	35,205.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
SALLY COWAL SVP & CHIEF LAISON OFFICER	50.00			X				237,019.	0.	31,624.
ROB SONENTHAL SECRETARY	1.00			X				0.	0.	0.
KATHLYN ROBERTS VICE PRESIDENT	50.00				X			304,080.	0.	45,182.
DAVID REENE SVP & COUNTRY REPRESENTATIVE	50.00				X			234,158.	0.	25,575.
CHASTAIN FITZGERALD VICE PRESIDENT	50.00				X			284,491.	0.	55,527.
DESMOND CHAVASSE VICE PRESIDENT	50.00				X			244,659.	0.	27,189.
BARRY WHITTLE SR REGIONAL DIRECTOR	50.00				X			257,394.	0.	26,970.
MOUSSA ABBO SR REGIONAL DIRECTOR	50.00				X			167,107.	0.	41,167.
BRIAN SMITH VP & SR REGIONAL DIRECTOR	50.00				X			186,005.	0.	41,277.
1b Sub-total								3,145,430.	0.	523,633.
c Total from continuation sheets to Part VII, Section A								1,606,948.	0.	216,844.
d Total (add lines 1b and 1c)								4,752,378.	0.	740,477.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **85**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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.

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG, LLP 2001 M STREET, NW, WASHINGTON, DC 20036	AUDIT SERVICES	1,424,000.
RAFFA 1899 L STREET, NW, WASHINGTON, DC 20036	CONSULTING SERVICES	717,920.
JST CONSULTING, INC. 1508 PARK AVENUE, RICHMOND, VA 23220	CONSULTANTS	569,954.
SONENTHAL & OVERAL, 1120 19TH STREET, NW, SUITE 420, WASHINGTON, DC 20036	LEGAL SERVICES	512,057.
ACCOUNTANTS INTERNATIONAL/RANDSTAD F & A 12516 COLLECTION CTR DR, CHICAGO, IL 60693	TEMPORARY HELP	422,782.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **28**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2010)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DOUGLAS CALL SR REGIONAL DIRECTOR	50.00				X			200,618.	0.	45,748.
LISA SIMUTAMI REGIONAL DIRECTOR	50.00				X			162,150.	0.	38,815.
DAVID WALKER GLOBAL DIR, SOCIAL MARKETING	50.00					X		332,246.	0.	31,461.
ANDREW BONER COUNTRY REPRESENTATIVE	50.00					X		247,761.	0.	26,392.
ERIC SEASTEDT CHIEF OF PARTY, DEPUTY DIRECTOR	50.00					X		229,039.	0.	25,268.
DANA TILSON ASSOCIATE DIRECTOR	50.00					X		224,897.	0.	25,020.
JOHN HETHERINGTON SR COUNTRY REPRESENTATIVE	50.00					X		210,237.	0.	24,140.
Total to Part VII, Section A, line 1c								1,606,948.		216,844.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	103,916,499.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	130,650,772.				
	g	Noncash contributions included in lines 1a-1f: \$		21,623,862.				
	h	Total. Add lines 1a-1f		234,567,271.				
Program Service Revenue				Business Code				
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		348,872.			348,872.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses	2,053,821.					
		Rental income or (loss)	2,029,378.					
		Net rental income or (loss)	24,443.					
	d				24,443.		46,421.	-21,978.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses	20,128.					
		Gain or (loss)						
		Net gain or (loss)	20,128.					
	d				20,128.			20,128.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		Less: direct expenses	b					
		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	FOREIGN CUR TRANS GAIN	900099	2,802,847.	2,802,847.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		2,802,847.					
12	Total revenue. See instructions.		237,763,561.	2,802,847.	46,421.	347,022.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,690,285.	10,690,285.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	16,367,304.	16,367,304.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,492,852.	2,590,604.	2,808,862.	93,386.
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	37,043,168.	25,258,073.	11,781,468.	3,627.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,629,561.	681,307.	948,254.	
9 Other employee benefits	16,595,473.	12,902,970.	3,673,549.	18,954.
10 Payroll taxes	1,604,881.	658,359.	940,704.	5,818.
11 Fees for services (non-employees):				
a Management				
b Legal	747,405.	277,666.	463,740.	5,999.
c Accounting	2,102,626.	887,567.	1,215,059.	
d Lobbying	87,577.	87,577.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	745,504.	487,886.	257,574.	44.
g Other	14,505,361.	8,586,674.	5,876,793.	41,894.
12 Advertising and promotion	16,685,983.	16,684,485.	1,498.	
13 Office expenses	5,326,434.	4,217,100.	1,105,301.	4,033.
14 Information technology	665,046.	103,788.	561,258.	
15 Royalties				
16 Occupancy	7,146,023.	5,805,484.	1,340,539.	
17 Travel	16,118,207.	13,550,294.	2,535,544.	32,369.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,963,340.	1,554,007.	404,532.	4,801.
20 Interest	65,145.		65,145.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,821,366.	2,461,991.	2,359,375.	
23 Insurance	1,581,806.	1,332,791.	249,015.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a COMMODITIES [COGS]	73,922,267.	73,922,267.		
b MISCELLANEOUS EXPENSES	5,961,446.	4,434,135.	1,526,606.	705.
c TRAINING	3,666,641.	3,614,712.	51,929.	
d OH & G&A ALLOCATION	0.	22,319,010.	-22,427,704.	108,694.
e BAD DEBT & CURRENCY LOS	-2,389,480.		-2,389,480.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	243,146,221.	229,476,336.	13,349,561.	320,324.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	233,414,656.	1	133,456,734.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	89,945,609.	3	87,524,959.
	4 Accounts receivable, net	555,178.	4	708,832.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,207,774.	8	64,138,234.
	9 Prepaid expenses and deferred charges	6,794,701.	9	17,683,728.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 78,793,074.		
	b Less: accumulated depreciation	10b 16,468,539.		
		65,899,540.	10c	62,324,535.
	11 Investments - publicly traded securities	45,080,473.	11	19,152,262.
	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	4,779,975.	15	51,979,304.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	452,677,906.	16	436,968,588.	
Liabilities	17 Accounts payable and accrued expenses	23,880,829.	17	30,673,325.
	18 Grants payable		18	
	19 Deferred revenue	253,373,863.	19	247,427,272.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	45,524,000.	23	45,524,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	98,216,622.	25	87,819,813.
	26 Total liabilities. Add lines 17 through 25	420,995,314.	26	411,444,410.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,755,169.	27	14,120,417.
	28 Temporarily restricted net assets	11,916,236.	28	11,392,574.
	29 Permanently restricted net assets	11,187.	29	11,187.
	Organizations that do not follow SFAS 117, 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	31,682,592.	33	25,524,178.
34 Total liabilities and net assets/fund balances	452,677,906.	34	436,968,588.	

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	237,763,561.
2	Total expenses (must equal Part IX, column (A), line 25)	2	243,146,221.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,382,660.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,682,592.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-775,754.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25,524,178.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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?		X
2b Were the organization's financial statements audited by an independent accountant?	X	
2c 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	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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	
3b 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.	X	

Form **990** (2010)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

POPULATION SERVICES INTERNATIONAL

Employer identification number

56-0942853

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 11, check only one box.)

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	285,693,447.	300,588,056.	388,359,005.	195,742,605.	234,567,271.	1404950384.
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	285,693,447.	300,588,056.	388,359,005.	195,742,605.	234,567,271.	1404950384.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1404950384.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	285,693,447.	300,588,056.	388,359,005.	195,742,605.	234,567,271.	1404950384.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,411,560.	2,465,130.	2,018,108.	2,274,113.	2,402,693.	10,571,604.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				140,262.	2,802,847.	2,943,109.
11 Total support. Add lines 7 through 10						1418465097.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2010 (line 6, column (f) divided by line 11, column (f))	14	99.05 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.36 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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"/>

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

FOREIGN CUR TRANS GAIN

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

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010**Name of the organization**

POPULATION SERVICES INTERNATIONAL

Employer identification number

56-0942853

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not 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) (2010)**

Name of organization	Employer identification number
POPULATION SERVICES INTERNATIONAL	56-0942853

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,796,390.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 43,361,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 9,228,755.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 6,857,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 8,296,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 27,561,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
POPULATION SERVICES INTERNATIONAL	56-0942853

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 50,313,188.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 6,598,717.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 22,531,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 7,474,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 5,026,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
POPULATION SERVICES INTERNATIONAL	56-0942853

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	DONATED COMMODITIES	\$ 5,796,390.	12/31/10
3	DONATED COMMODITIES	\$ 9,228,755.	12/31/10
8	DONATED COMMODITIES	\$ 6,598,717.	12/31/10
		\$	
		\$	
		\$	

Name of organization	Employer identification number
POPULATION SERVICES INTERNATIONAL	56-0942853

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

Open to Public
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization POPULATION SERVICES INTERNATIONAL	Employer identification number 56-0942853
---	--

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 expenditures ▶ \$

3 Volunteer hours ▶

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

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

- A** Check ☐ if the filing organization belongs to an affiliated group.
- 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												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		87,577.													
c Total lobbying expenditures (add lines 1a and 1b)		87,577.													
d Other exempt purpose expenditures		248,745,808.													
e Total exempt purpose expenditures (add lines 1c and 1d)		248,833,385.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	40,785.	109,910.	70,416.	87,577.	308,688.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

POPULATION SERVICES INTERNATIONAL

Employer identification number

56-0942853

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's 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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations

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

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

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

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

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

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

- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ☐ %
- b** Permanent endowment ☐ %
- c** Term endowment ☐ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,911,548.		24,911,548.
b Buildings		30,394,631.	3,718,970.	26,675,661.
c Leasehold improvements		88,754.	61,017.	27,737.
d Equipment		3,307,585.	2,177,474.	1,130,111.
e Other		20,090,556.	10,511,078.	9,579,478.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				62,324,535.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) ADVANCES AND DEPOSITS	1,286,344.
(2) CONTRIBUTIONS RECEIVABLE	4,227,633.
(3) OTHER	3,953,304.
(4) DUE FROM AFFILIATES	42,512,023.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	51,979,304.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEPOSITS HELD IN TRUST	79,097,403.
(3) LETTER OF CREDIT	7,453,498.
(4) OTHER LIABILITIES	1,268,912.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	87,819,813.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	237,763,561.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	243,146,221.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-5,382,660.
4	Net unrealized gains (losses) on investments	4	997,174.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-640,444.
9	Total adjustments (net). Add lines 4 through 8	9	356,730.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-5,025,930.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	581,333,868.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	997,174.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	342,573,133.
e	Add lines 2a through 2d	2e	343,570,307.
3	Subtract line 2e from line 1	3	237,763,561.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	237,763,561.

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

1	Total expenses and losses per audited financial statements	1	586,359,798.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	343,213,577.
e	Add lines 2a through 2d	2e	343,213,577.
3	Subtract line 2e from line 1	3	243,146,221.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	243,146,221.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: PSI ADOPTED THE PROVISIONS OF ASC 740-10, INCOME

TAXES, ON JANUARY 1, 2007. UNDER ASC 740-10, AN ORGANIZATION MUST

RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX

RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE

SUSTAINED. THE IMPLEMENTATION OF ASC 740-10 HAD NO IMPACT ON PSI'S

FINANCIAL STATEMENTS. PSI DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX

BENEFITS THAT SHOULD BE RECORDED. NO INTEREST OR PENALTIES WERE ACCRUED AS

OF JANUARY 1, 2007 AS A RESULT OF THE ADOPTION OF ASC 740-10. FOR THE YEAR

Part XIV Supplemental Information (continued)

ENDED DECEMBER 31, 2010, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES. PSI IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION LOSS	-3,687,414.
FOREIGN CORPORATIONS' ACTIVITY	3,046,970.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-640,444.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION LOSS	-3,687,414.
FOREIGN CORPORATIONS' ACTIVITY	346,260,547.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	342,573,133.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CORPORATIONS' ACTIVITY	343,213,577.
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PART XI RECONCILIATION OF CHANGE IN NET ASSETS:

LINE 10 AMOUNT DOES NOT AGREE WITH THE DIFFERENCE BETWEEN BEGINNING AND ENDING NET ASSETS ON FORM 990 PART X BECAUSE AUDITED AMOUNT ON LINE 10 IS FROM CONSOLIDATED FINANCIAL STATEMENTS WHILE PART X AMOUNTS ARE FOR THE UNCONSOLIDATED US ENTITY ONLY.

SEE NOTE ON SCHEDULE O FOR FURTHER INFORMATION ON CONSOLIDATED FINANCIAL STATEMENTS.

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

POPULATION SERVICES INTERNATIONAL

56-0942853

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	1	14	PROGRAM SERVICES	SOCIAL MARKETING	1,603,776.
EAST ASIA AND THE PACIFIC	12	1226	PROGRAM SERVICES	SOCIAL MARKETING	30,417,625.
RUSSIA & THE NEWLY INDEPENDENT STATES	3	57	PROGRAM SERVICES	SOCIAL MARKETING	2,418,384.
SOUTH ASIA	6	132	PROGRAM SERVICES	SOCIAL MARKETING	6,825,078.
SUB-SAHARAN AFRICA	35	1178	PROGRAM SERVICES	SOCIAL MARKETING	86,215,396.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		-612,878.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		-2,845,221.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	INVESTMENTS		49,377.
3 a Sub-total	57	2607			124,071,537.
b Total from continuation sheets to Part I	0	0			1,816,199.
c Totals (add lines 3a and 3b)	57	2607			125,887,736.

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

Schedule F (Form 990) 2010

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	INVESTMENTS		827,189.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		989,010.
Totals					1,816,199.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PAKISTAN FP AND PAC	1,759,104.	CHECK	0.		
		SUB-SAHARAN AFRICA	SOMALIA DFID MAT & CHILD HLT	976,999.	CHECK	0.		
		SOUTH ASIA	PAKISTAN FP AND PAC	900,000.	CHECK	0.		
		SOUTH ASIA	PAKISTAN FP AND PAC	900,000.	CHECK	0.		
		SOUTH ASIA	PAKISTAN FP AND PAC	892,203.	CHECK	0.		
		SOUTH ASIA	PAKISTAN FP AND PAC	266,469.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	232,172.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 7 HSS HR	226,240.	CHECK	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 ☐

394

3 Enter total number of other organizations or entities ☐

Schedule F (Form 990) 2010

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)
		EAST ASIA AND THE PACIFIC	MYANMAR HEALTH MARKETS 4	214,800.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	PNG PROMO HEALTHY SEXUAL BEHAV	200,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	169,005.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	153,289.	CHECK	0.		
		SOUTH ASIA	INDIA PROJECT CONNECT	132,947.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	131,862.	CHECK	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GATES ANTIMALARIAL ACT 1 CORE	125,426.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	125,407.	CHECK	0.		
		SUB-SAHARAN AFRICA	TANZANIA SOCIAL MKTING PROGRAM	124,658.	CHECK	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)
		SOUTH ASIA	PAKISTAN UF VOUCHER	123,757.	CHECK	0.		
		SOUTH ASIA	PAKISTAN RDUF VOUCHER PILOT	123,757.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	120,999.	CHECK	0.		
		SOUTH ASIA	NEPAL GF REDUCE HIV IMPACT MSM	117,000.	CHECK	0.		
		SOUTH ASIA	NEPAL GF REDUCE HIV IMPACT MSM	117,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GATES ANTIMALARIAL ACT 1 CORE	107,668.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	100,250.	CHECK	0.		
		SUB-SAHARAN AFRICA	TANZANIA SOCIAL MKTING PROGRAM	97,717.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM FP	94,597.	CHECK	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)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM HIV	91,814.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM MCH	91,814.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	90,633.	CHECK	0.		
		SOUTH ASIA	PAKISTAN FP AND PAC	89,722.	CHECK	0.		
		SUB-SAHARAN AFRICA	TANZANIA SOCIAL MKTING PROGRAM	89,177.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	84,694.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	79,915.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	74,754.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	74,075.	CHECK	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)
		SOUTH ASIA	INDIA PROJECT CONNECT	73,158.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	73,045.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR HEALTH MARKETS 4	71,600.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	70,950.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	70,950.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	69,107.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM HIV	66,424.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	65,524.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	64,392.	CHECK	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)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	63,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI DUTCH DISCRETIONARY FUND	60,770.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	59,687.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	59,230.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	58,760.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 7 HSS HR	56,159.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	54,942.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR GATES HEALTH MARKETS 1	54,915.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA MOH/GF RD 8 MALARIA PR	54,758.	CHECK	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	SUDAN GF SDA 4 TREATMENT HBMM	51,543.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	50,874.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	49,919.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HIV VCT	48,497.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	47,927.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	47,561.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	47,300.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	46,252.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	45,593.	CHECK	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	RWANDA USAID BCSM GEN MGMT	45,443.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	44,255.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	43,275.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	43,093.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	42,546.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	42,545.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM HIV	42,397.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 7 HSS HR	41,089.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	41,025.	CHECK	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	SUDAN GF SDA 4 TREATMENT HBMM	40,715.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	40,371.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	40,179.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	39,960.	CHECK	0.		
		SUB-SAHARAN AFRICA	BENIN HIV/AIDS PROGRAM	39,926.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	39,665.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	39,485.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	39,230.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM HIV	39,222.	CHECK	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	SUDAN GF SDA 4 TREATMENT HBMM	38,715.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	38,655.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	38,224.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	38,061.	CHECK	0.		
		SUB-SAHARAN AFRICA	BENIN HIV/AIDS PROGRAM	37,468.	CHECK	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	GATES ANTIMALARIAL ACT 1 CORE	36,985.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	36,330.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	36,306.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI DUTCH DISCRETIONARY FUND	34,234.	CHECK	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)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM MCH	33,838.	CHECK	0.		
		SUB-SAHARAN AFRICA	TANZANIA SOCIAL MKTING PROGRAM	33,421.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	33,150.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	32,875.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	32,400.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	31,762.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	31,420.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	31,078.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	30,973.	CHECK	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	SUDAN GF SDA 4 TREATMENT HBMM	30,784.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	30,600.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI DUTCH DISCRETIONARY FUND	30,388.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	29,930.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	29,871.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	29,631.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	29,628.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	29,590.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	29,510.	CHECK	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	RWANDA USAID BCSM GEN MGMT	29,472.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	28,936.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	28,430.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	28,128.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	28,128.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	28,128.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	28,128.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM HIV	27,556.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD MYANMAR	27,004.	CHECK	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)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	27,000.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	26,939.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	25,958.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM FP	25,424.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM HIV	25,424.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM MCH	25,424.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	25,400.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	25,324.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM FP	25,066.	CHECK	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	COTE D'IVOIRE HIV CARE VCT	23,873.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI HIV/AIDS PREVENTION	23,872.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD MYANMAR	23,400.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	23,213.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI DUTCH DISCRETIONARY FUND	23,119.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	22,878.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	22,800.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	22,681.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	22,444.	CHECK	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)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	22,256.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	22,089.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	22,063.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	21,807.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM MCH	21,599.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	21,434.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	21,191.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	21,019.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	21,000.	CHECK	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	SUDAN GF SDA 4 TREATMENT HBMM	21,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	20,914.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	20,681.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	20,238.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	20,074.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAOS PSI IF REPELLING MALARIA	20,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	19,988.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM MCH	19,981.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	19,825.	CHECK	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	RWANDA USAID BCSM GEN MGMT	19,808.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	19,611.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA MALARIA PREV. EXPAN.	19,531.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM FP	19,457.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM HIV	19,457.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM MCH	19,457.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM HIV	19,456.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	19,379.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	19,119.	CHECK	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	SUDAN GF SDA 4 TREATMENT HBMM	19,111.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	19,050.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	18,951.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	18,922.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI HIV/AIDS PREVENTION	18,775.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	18,547.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	18,512.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD CAMBODIA	18,452.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	18,291.	CHECK	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)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM HIV	17,776.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	17,671.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	17,561.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT VC	17,559.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	17,412.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	17,393.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	17,323.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	17,296.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	17,294.	CHECK	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	RWANDA USAID BCSM GEN MGMT	16,973.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	16,859.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	16,800.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	16,683.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	16,640.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	16,569.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	16,567.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 7 HSS HR	16,500.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	16,297.	CHECK	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	TANZANIA SOCIAL MKTING PROGRAM	16,238.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	16,218.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD MYANMAR	16,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD MYANMAR	16,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD MYANMAR	16,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM FP	15,999.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	15,997.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA GF MALARIA PREV	15,727.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI USAID PATHWAY FOLLOW ON	15,712.	CHECK	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	SUDAN GF SDA 4 TREATMENT HBMM	15,640.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	15,557.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	15,320.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	15,117.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	15,088.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI DUTCH DISCRETIONARY FUND	14,979.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	14,902.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM FP	14,801.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	14,627.	CHECK	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	RWANDA USAID BCSM GEN MGMT	14,460.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG TB	14,400.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	14,399.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	14,334.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	14,197.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	14,142.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM MCH	14,038.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	13,810.	CHECK	0.		
		SUB-SAHARAN AFRICA	COTE D'IVOIRE HIV CARE VCT	13,715.	CHECK	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	RWANDA USAID BCSM GEN MGMT	13,687.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	13,263.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	TAJIK USAID IMPRVING RH CSM	13,105.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	13,083.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	13,024.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	12,965.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	12,730.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	12,721.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR-WHO IMPACT EVALUATION1	12,703.	CHECK	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)

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		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	12,700.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	12,670.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	12,607.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	12,600.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	12,588.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR GATES HEALTH MARKETS 1	12,502.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HIV VCT	12,456.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	12,400.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	12,300.	CHECK	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)
		RUSSIA AND THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	12,285.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR-WHO IMPACT EVALUATION1	12,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR-WHO IMPACT EVALUATION1	12,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	11,969.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	11,804.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	11,801.	CHECK	0.		
		SUB-SAHARAN AFRICA	KAZAKHSTAN GF RD7 ARY PROGRAM	11,753.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	11,682.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA EXXONMOBIL AFRICA HEALT	11,518.	CHECK	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	MOZAMBIQUE PEPFAR OTHER PREVENTION	11,500.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	11,415.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	11,347.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZAMBIQUE PREVENTION FOR MARPS	11,223.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	11,221.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	11,113.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	11,074.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	11,074.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR AED STRENGTHENING HIV PROJ	11,061.	CHECK	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)
		SOUTH ASIA	INDIA PROJECT CONNECT	11,035.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HIV VCT Y2	10,999.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	10,991.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	10,919.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	10,890.	CHECK	0.		
		SUB-SAHARAN AFRICA	COTE D'IVOIRE HIV CARE VCT	10,883.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	10,853.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	10,827.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	10,822.	CHECK	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)

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		SUB-SAHARAN AFRICA	DR AED STRENGTHENING HIV PROJ	10,753.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR OPTIONS REG HIV PREV DIS	10,746.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	10,742.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	10,733.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	10,716.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	10,656.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	10,627.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	10,623.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	TAJIK USAID IMPRVING RH CSM	10,447.	CHECK	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)

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		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM FP	10,399.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HEALTHY SCHOOLS Y4	10,356.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	10,149.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM MCH	9,911.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG TB	9,892.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	9,750.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	9,640.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	9,624.	CHECK	0.		
		SUB-SAHARAN AFRICA	COTE D'IVOIRE HIV CARE VCT	9,502.	CHECK	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	DR OPTIONS REG HIV PREV DIS	9,472.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	9,456.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREV BT	9,450.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREV BT	9,373.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	9,230.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	9,109.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI USAID PATHWAY FOLLOW ON	9,056.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	8,969.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA GF MALARIA PREV	8,968.	CHECK	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	MALI USAID PATHWAY FOLLOW ON	8,798.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	8,712.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	8,655.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	8,629.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR OPTIONS REG HIV PREV DIS	8,614.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM MCH	8,559.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	8,535.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	8,480.	CHECK	0.		
		SUB-SAHARAN AFRICA	COTE D'IVOIRE HIV CARE VCT	8,468.	CHECK	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)
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	8,429.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	8,326.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI USAID PATHWAY FOLLOW ON	8,311.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	8,305.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	8,199.	CHECK	0.		
		SUB-SAHARAN AFRICA	COTE D'IVOIRE HIV CARE VCT	7,977.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	7,880.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	USAID REG COMPREV RESULT 1	7,878.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	USAID REG COMPREV RESULT 2	7,878.	CHECK	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)
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	7,795.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HIV VCT	7,785.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	7,705.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	7,688.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	7,650.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	7,591.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	7,475.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF-UNOPS HIV YR 1 & 2	7,470.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT CS	7,427.	CHECK	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)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM FP	7,342.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HIV VCT	7,308.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	7,261.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	7,169.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	7,156.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI USAID PATHWAY FOLLOW ON	7,153.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD MYANMAR	7,090.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR OPTIONS REG HIV PREV DIS	7,020.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	6,993.	CHECK	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	SUDAN GF SDA 4 TREATMENT HBMM	6,936.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR OPTIONS REG HIV PREV DIS	6,930.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZAMBIQUE PREVENTION FOR MARPS	6,774.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD MYANMAR	6,751.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM MALARIA	6,748.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD CAMBODIA	6,726.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR AED STRENGTHENING HIV PROJ	6,608.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI USAID RFTOP SM FP	6,584.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF-UNOPS HIV YR 1 & 2	6,570.	CHECK	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	DR OPTIONS REG HIV PREV DIS	6,509.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR OPTIONS REG HIV PREV DIS	6,506.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	TAJIK USAID IMPRVING RH CSM	6,472.	CHECK	0.		
		SUB-SAHARAN AFRICA	COTE D'IVOIRE HIV CARE VCT	6,459.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR AED STRENGTHENING HIV PROJ	6,447.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	6,366.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR AED STRENGTHENING HIV PROJ	6,320.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	6,295.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF-UNOPS HIV YR 1 & 2	6,270.	CHECK	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	DR OPTIONS REG HIV PREV DIS	6,254.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD CAMBODIA	6,219.	CHECK	0.		
		SUB-SAHARAN AFRICA	COTE D'IVOIRE HIV CARE/GF MALARIA	6,179.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	6,142.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	6,102.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR OPTIONS REG HIV PREV DIS	6,100.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	6,052.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	6,035.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	6,000.	CHECK	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	RWANDA USAID BCSM GEN MGMT	5,993.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	5,964.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,915.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,915.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	5,895.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD MYANMAR	5,850.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	5,826.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CHINA HIV MEKONG REGION	5,821.	CHECK	0.		
		SOUTH ASIA	LAD NEPAL	5,808.	CHECK	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)
		SOUTH ASIA	LAD NEPAL	5,808.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	5,793.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG TB	5,788.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,740.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF-UNOPS HIV YR 1 & 2	5,716.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,710.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,700.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,700.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	5,632.	CHECK	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)
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,603.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,603.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	5,571.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT VC	5,571.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA/DFID/HIV.CONDO	5,558.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,528.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,481.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	5,468.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT CS	5,466.	CHECK	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	MOZAMBIQUE DUTCH S MKT OF COMMOD P2	5,449.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD MYANMAR	5,418.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GF SDA 4 TREATMENT HBMM	5,400.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,399.	CHECK	0.		
		SUB-SAHARAN AFRICA	DR OPTIONS REG HIV PREV DIS	5,361.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD CAMBODIA	5,357.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,280.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,240.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,117.	CHECK	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)
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,117.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT PM	5,095.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF-UNOPS HIV YR 1 & 2	5,068.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	5,065.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	5,059.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG TB	5,043.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	5,034.	CHECK	0.		
		SOUTH ASIA	INDIA PROJECT CONNECT	26,547.	CHECK	0.		

Part III can be duplicated if additional space is needed.

[illegible]

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 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)* ☐ 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, 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, PART I, LINE 2: PSI HAS THE RESPONSIBILITY TO ENSURE THAT OUR

SUBRECIPIENTS SPEND AWARDS IN ACCORDANCE WITH THE DONOR'S APPLICABLE LAWS

AND REGULATIONS AND PSI'S INTERNAL POLICIES AND PROCEDURES ON

SUBRECIPIENT MANAGEMENT. THIS STATEMENT IS TRUE WHEN PSI, AS A PRIMARY

RECIPIENT OF DONOR FUNDS, AWARDS PART OF THE GRANT TO A SUBRECIPIENT.

COMPLIANCE WITH DONOR IMPOSED AUDITS (PROGRAM SPECIFIC OR SINGLE AUDIT,

FOR EXAMPLE) IS ONLY ONE OF THE MANY SUBRECIPIENT MONITORING TOOLS

AVAILABLE. SUBRECIPIENT MONITORING SHOULD OCCUR THROUGHOUT THE YEAR OR

THE PROJECT PERIOD AND NOT SOLELY RELY ON A YEARLY AUDIT. MONITORING

THROUGH ON A CONTINUOUS BASIS CAN TAKE MANY FORMS. A FUNDAMENTAL

MONITORING TOOL IS INFORMING THE SUBRECIPIENT OF THE BASIC AWARD

INFORMATION (E.G. GRANT/CONTRACT AGREEMENT NUMBER, DONOR NAME, AWARD

TERM) AND APPLICABLE COMPLIANCE REQUIREMENTS. ADDITIONAL MONITORING TOOLS

INCLUDE THE FOLLOWING: - 1. REVIEWING FINANCIAL PERFORMANCE REPORTS

SUBMITTED BY THE SUBRECIPIENT. 2. PERFORMING SITE VISITS TO THE

SUBRECIPIENT TO REVIEW FINANCIAL AND PROGRAMMATIC RECORDS AND OBSERVE

OPERATIONS. 3. REGULAR CONTACT WITH THE SUBRECIPIENT AND MAKING

APPROPRIATE INQUIRIES CONCERNING PROGRAM ACTIVITIES. 4. ARRANGING FOR

AGREED-UPON PROCEDURES AND ENGAGEMENTS FOR CERTAIN ASPECTS OF THE

SUBRECIPIENT ACTIVITIES, SUCH AS ELIGIBILITY DETERMINATION. DONOR LAWS

AND REGULATIONS MAY IMPOSE SUBRECIPIENT MONITORING REQUIREMENTS SPECIFIC

TO A PROGRAM. IN ADDITION, FACTORS SUCH AS THE SIZE OF THE AWARDS,

PERCENTAGE OF THE PASS-THROUGH ENTITY'S TOTAL PROGRAM FUNDS AWARDED TO

SUBRECIPIENTS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, AND RISK OF

SUBRECIPIENT NON-COMPLIANCE AS ASSESSED BY THE PASS-THROUGH ENTITY MAY

INFLUENCE THE NATURE AND EXTENT OF THE MONITORING PROCEDURES. PROGRAM

COMPLEXITY: PROGRAMS WITH COMPLEX COMPLIANCE REQUIREMENTS HAVE A HIGHER

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

RISK OF NON-COMPLIANCE. PASS-THROUGH FUNDING: THE LARGER THE PERCENTAGE

OF PROGRAM AWARDS PASSED THROUGH, THE GREATER THE NEED FOR PSI TO MONITOR

THE SUBRECIPIENT. AMOUNT OF AWARD: LARGER DOLLAR AWARDS ARE OF GREATER

RISK. SUBRECIPIENTS ARE EVALUATED AND ASSESSED TO DETERMINE IF THERE IS A

NEED FOR CLOSER MONITORING. IN GENERAL, NEW SUBRECIPIENTS WOULD REQUIRE

CLOSER MONITORING. EXISTING SUBRECIPIENTS WILL BE EVALUATED BASED ON

RESULTS OF AWARD MONITORING AND SUBRECIPIENT AUDITS.

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010**Open to Public
Inspection**

Name of the organization

POPULATION SERVICES INTERNATIONAL

Employer identification number

56-0942853

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐ **▶**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABT ASSOCIATES 55 WHEELER STREET CAMBRIDGE, MA 02138-1168	22-6548547	501(C)(3)	281,839.	0.			BENIN HIV/AIDS PROGRAM
CARE INTERNATIONAL 151 ELLIS STREET ATLANTA, GA 30303	13-1685039	501(C)(3)	213,302.	0.			ZAM AIDSTAR PRIV SECTOR SM HIV
CARE INTERNATIONAL 151 ELLIS STREET ATLANTA, GA 30303	13-1685039	501(C)(3)	197,796.	0.			ZAM AIDSTAR PRIV SECTOR SM MAL
CARE INTERNATIONAL 151 ELLIS STREET ATLANTA, GA 30303	13-1685039	501(C)(3)	64,586.	0.			ZAM AIDSTAR PRIV SECTOR SM RH
COOPERATIVE HOUSING FOUNDATION (CHF INTERNATIONAL) - 8601 GEORGIA AVENUE, SUITE 800 - SILVER SPRING, MD 20910	52-0846183	501(C)(3)	146,915.	0.			RWANDA USAID BCSM GEN MGMT
ENGENDERHEALTH, INC. 440 9TH AVENUE NEW YORK, NY 10001	13-1623838	501(C)(3)	89,995.	0.			ETHIOPIA USAID HIV PREV ENG.HE

2 Enter total number of section 501(c)(3) and government organizations **▶** 21.**3** Enter total number of other organizations **▶** 1.

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH INTERNATIONAL 2224 E NC HWY 54 DURHAM, NC 27713	23-7413005	501(C)(3)	104,425.	0.			DRC ARMED FORCES AIDS OPT Y1
FAMILY HEALTH INTERNATIONAL 2224 E NC HWY 54 DURHAM, NC 27713	23-7413005	501(C)(3)	18,876.	0.			DRC ARMED FORCES AIDS P3 TRAIN
FAMILY HEALTH INTERNATIONAL 2224 E NC HWY 54 DURHAM, NC 27713	23-7413005	501(C)(3)	106,965.	0.			DRC ARMED FORCES AIDS P3 VCT
GBC HEALTH INC. 110 WILLIAM ST RM 1800 NEW YORK, NY 10038	13-4185520	501(C)(3)	127,224.	0.			RUSSIA USAID HIV PREV
HOPE GLOBAL CONSULTING, LLC. 930 MONTGOMERY STREET, SUITE 300 SAN FRANCISCO, CA 94133	27-0562064	501(C)(3)	43,314.	0.			CONGO AIDSTAR ADVANCING SM FP
HOPE GLOBAL CONSULTING, LLC. 930 MONTGOMERY STREET, SUITE 300 SAN FRANCISCO, CA 94133	27-0562064	501(C)(3)	77,605.	0.			CONGO AIDSTAR ADVANCING SM HIV
HOPE GLOBAL CONSULTING, LLC. 930 MONTGOMERY STREET, SUITE 300 SAN FRANCISCO, CA 94133	27-0562064	501(C)(3)	47,147.	0.			CONGO AIDSTAR ADVANCING SM WTR
INTERNATIONAL PLANNED PARENTHOOD 125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038	13-1845455	501(C)(3)	6,808.	0.			USAID REG COMPREV RESULT 3
INTRAHEALTH INTERNATIONAL, INC. 6340 QUADRANGLE DRIVE, SUITE 200 CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	168,339.	0.			ETHIOPIA AIDSTAR INTHEALTH SUB

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTRAHEALTH INTERNATIONAL, INC. 6340 QUADRANGLE DRIVE, SUITE 200 CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	20,086.	0.			TOGO DUTCH DISCRETIONARY FUND
INTRAHEALTH INTERNATIONAL, INC. 6340 QUADRANGLE DRIVE, SUITE 200 CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	135,874.	0.			ZAM AIDSTAR PRIV SECTOR SM HIV
JHU/CENTER FOR C.P. 111 MARKET PLACE, SUITE 310 BALTIMORE, MD 21202	52-0595110	501(C)(3)	888,656.	0.			RWANDA USAID BCSM GEN MGMT
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	398,578.	0.			KENYA APHIA-II SUB JHPIEGO
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	297,257.	0.			LAD MADAGASCAR
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	80,294.	0.			LAD MYANMAR
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	60,320.	0.			PI WORLD BK DNTD COMM
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	429,454.	0.			REGNL GATES MC JHPIEGO SUB
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	33,217.	0.			SOUTH AFRICA INCR VCT Y5 SWAZILAND

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	181,451.	0.			SWAZI GATES MC JHPIEGO SUB
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	140,142.	0.			ZAMBIA GATES MC JHPIEGO SUB
MARIE STOPES INTERNATIONAL P.O. BOX 35528 WASHINGTON, DC 20033	54-1901882	501(C)(3)	80,233.	0.			REGLN GATES MC MSI SUB
MARIE STOPES INTERNATIONAL P.O. BOX 35528 WASHINGTON, DC 20033	54-1901882	501(C)(3)	540,274.	0.			SWAZI GATES MC MSI SUB
MARIE STOPES INTERNATIONAL P.O. BOX 35528 WASHINGTON, DC 20033	54-1901882	501(C)(3)	1,213,582.	0.			ZAMBIA GATES MC MSI SUB
MEDICAL CARE DEVELOPMENT INC. 11 PARKWOOD DR AUGUSTA, ME 04330	01-6022787	501(C)(3)	138,194.	0.			MAD USAID SM MALARIA
MEDICAL CARE DEVELOPMENT INC. 11 PARKWOOD DR AUGUSTA, ME 04330	01-6022787	501(C)(3)	11,412.	0.			MADAGASCAR GF VII MALARI BCC
MEDICAL CARE DEVELOPMENT INC. 11 PARKWOOD DR AUGUSTA, ME 04330	01-6022787	501(C)(3)	86,147.	0.			MADAGASCAR GF VII MALARI HHS
INTERNATIONAL RESCUE COMMITTEE, INC. (IRC) - 122 EAST 42ND STREET - NEW YORK, NY 10168	13-5660870	501(C)(3)	584,598.	0.			SUDAN GF SDA 4 TREATMENT HBMM

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVERSEAS STRATEGIC CONSULTING 1500 WALNUT STREET, SUITE 1300 PHILADELPHIA, PA 19102	23-2720769		142,276.	0.			ZAM AIDSTAR PRIV SECTOR SM CS
PACT, INC. 1828 L ST, SUITE 300, NW WASHINGTON, DC 20036	13-2702768	501(C)(3)	184,409.	0.			MALAWI USAID EBT OUTPUT
PACT, INC. 1828 L ST, SUITE 300, NW WASHINGTON, DC 20036	13-2702768	501(C)(3)	380,102.	0.			MALAWI USAID EBT OUTPUT
PACT, INC. 1828 L ST, SUITE 300, NW WASHINGTON, DC 20036	13-2702768	501(C)(3)	564,510.	0.			MALAWI USAID EBT OUTPUT
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	138,434.	0.			LAD TANZANIA
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA, 9TH FL NEW YORK, NY 10017	13-1687001	501(C)(3)	17,826.	0.			ETHIOPIA AIDSTAR POPCOUNCL SUB
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA, 9TH FL NEW YORK, NY 10017	13-1687001	501(C)(3)	14,310.	0.			ETHIOPIA USAID HIV PREV POP.CO
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA, 9TH FL NEW YORK, NY 10017	13-1687001	501(C)(3)	1,313,921.	0.			REGIONAL GATES MC POPCOUNCIL
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	55,131.	0.			CENTRAL ASIA - HOP - KG TB

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	73,163.	0.			CENTRAL ASIA - HOP - KZ TB
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	62,533.	0.			CENTRAL ASIA - HOP - TJ TB
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	336,844.	0.			CENTRAL ASIA - HOP - UZ HIV
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	145,156.	0.			CENTRAL ASIA - HOP - UZ TB
SAVE THE CHILDREN FEDERATION, INC. 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(C)(3)	142,852.	0.			VIETNAM AIDSTAR RFTOP PREVT BT
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98195	94-3079432	STATE OF WA	49,000.	0.			SAR DUTCH REGNL & RESEARCH
WILD LIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	13-1740011	501(C)(3)	54,913.	0.			MAD USAID SM HIV/AIDS

LHA

Schedule I (Form 990)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV

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

SCHEDULE I, PART I, LINE 2: SEE SCHEDULE F, PART IV

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

POPULATION SERVICES INTERNATIONAL

Employer identification number

56-0942853

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☒ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☒ Tax indemnification and gross-up payments

☒ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., 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

1b X

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2 X

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☒ Compensation committee

☒ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

4a X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c X

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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a X

b Any related organization?

5b X

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a X

b Any related organization?

6b X

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7 X

8 Were any amounts reported in 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

8 X

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

9

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

Schedule J (Form 990) 2010

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KARL HOFMANN	(i)	310,203.	45,000.	270.	46,212.	24,830.	426,515.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PETER CLANCY	(i)	273,958.	65,000.	759.	44,163.	23,845.	407,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 KIM SCHWARTZ	(i)	250,000.	20,000.	759.	35,199.	19,668.	325,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 STEVE CHAPMAN	(i)	224,298.	40,000.	270.	34,394.	811.	299,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SALLY COWAL	(i)	210,300.	25,000.	1,719.	30,813.	811.	268,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KATHLYN ROBERTS	(i)	253,900.	50,000.	180.	39,530.	5,652.	349,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 DAVID REENE	(i)	160,234.	10,000.	63,924.	14,049.	11,526.	259,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CHASTAIN FITZGERALD	(i)	229,221.	55,000.	270.	36,984.	18,543.	340,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DESMOND CHAVASSE	(i)	158,486.	35,000.	51,173.	14,680.	12,509.	271,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 BARRY WHITTLE	(i)	160,248.	21,825.	75,321.	15,444.	11,526.	284,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 MOUSSA ABBO	(i)	151,837.	15,000.	270.	21,724.	19,443.	208,274.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 BRIAN SMITH	(i)	165,688.	20,047.	270.	24,181.	17,096.	227,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DOUGLAS CALL	(i)	147,119.	53,127.	372.	26,080.	19,668.	246,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 LISA SIMUTAMI	(i)	146,650.	15,000.	500.	21,079.	17,736.	200,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 DAVID WALKER	(i)	153,094.	10,000.	169,152.	19,935.	11,526.	363,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 ANDREW BONER	(i)	118,868.	6,500.	122,393.	14,866.	11,526.	274,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ERIC SEASTEDT	(i)	92,702.	2,000.	134,337.	13,742.	11,526.	254,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DANA TILSON	(i)	110,219.	5,000.	109,678.	13,494.	11,526.	249,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOHN HETHERINGTON	(i)	137,355.	9,000.	63,882.	12,614.	11,526.	234,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

Supplemental Information

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

THE ORGANIZATION MAINTAINS AN INCENTIVE COMPENSATION

POLICY AS A MEANS OF REWARDING EMPLOYEES IN THEIR ACHIEVING INDIVIDUAL AND

ORGANIZATIONAL GOALS.

Supplemental Information on Tax-Exempt Bonds

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

POPULATION SERVICES INTERNATIONAL

Employer identification number
56-0942853

Part I Bond Issues SEE PART V FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	2548392E2	11/01/07	28,200,000.	PURCHASE OF LAND, OFFICE BUILDING, AND IMPROVEMENT		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	28,200,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	176,250.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	28,023,750.							
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2007							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?	X							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: DISTRICT OF COLUMBIA

(F) DESCRIPTION OF PURPOSE:

PURCHASE OF LAND, OFFICE BUILDING, AND IMPROVEMENTS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2010

**Open to Public
Inspection**

► **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.**

Name of the organization

POPULATION SERVICES INTERNATIONAL

Employer identification number

56-0942853

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SEE PART II)	X	3	21,623,862.	FMV
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) (2010)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): DESCRIPTION OF LINE 24 PROPERTY:

CONTRACEPTIVES, ORAL REHYDRATION SALTS (ORS), INSECTICIDE TREATED NETS

(ITN) FOR MALARIA PREVENTION, AND SAFE WATER SYSTEMS

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

POPULATION SERVICES INTERNATIONAL

Employer identification number

56-0942853

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

MEASURABLY IMPROVE THE HEALTH OF THE POOR AND VULNERABLE PEOPLE IN THE

DEVELOPING WORLD, PRINCIPALLY THROUGH SOCIAL MARKETING OF FAMILY

PLANNING AND HEALTH PRODUCTS, SERVICES AND COMMUNICATIONS.

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

MEASURABLY IMPROVE THE HEALTH OF THE POOR AND VULNERABLE PEOPLE IN THE

DEVELOPING WORLD, PRINCIPALLY THROUGH SOCIAL MARKETING OF FAMILY

PLANNING AND HEALTH PRODUCTS, SERVICES AND COMMUNICATIONS. SOCIAL

MARKETING ENGAGES PRIVATE SECTOR RESOURCES AND USES PRIVATE SECTOR

TECHNIQUES TO ENCOURAGE HEALTHY BEHAVIOR AND MAKE MARKETS WORK FOR THE

POOR.

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

(CONTINUED FROM 990, PART III)

PSI CONDUCTS ITS ACTIVITIES IN OVER 60 COUNTRIES, THOUGH 33 SEPARATELY

ORGANIZED ENTITIES IN THOSE COUNTRIES (SEE SCHEDULES R AND F). THE

ACTIVITIES AND ASSETS OF THOSE ENTITIES ARE INCLUDED IN PSI'S

CONSOLIDATED FINANCIAL STATEMENTS, WHICH PAINT AN ACCURATE PICTURE OF

THE ORGANIZATION'S TOTAL BREADTH AND SIZE. THE FINANCIAL ACTIVITY AND

ASSETS ON THIS FORM 990 ARE LIMITED TO THE ACTIVITIES OF ONLY THE US

PARENT ORGANIZATION. TOTAL REVENUES ON THE CONSOLIDATED FINANCIAL

STATEMENT ARE \$585,021,282, WITH EXPENDITURES OF \$586,359,798 AND TOTAL

ASSETS OF \$527,863,680. CONSOLIDATED FINANCIAL STATEMENTS ARE

AVAILABLE FROM THE ORGANIZATION UPON REQUEST.

Name of the organization POPULATION SERVICES INTERNATIONAL	Employer identification number 56-0942853
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SEE SCHEDULE D, PARTS XI, XII, XIII AND XIV FOR RECONCILIATION OF

AMOUNTS REPORTED ON CONSOLIDATED FINANCIAL STATEMENTS TO THE FORM 990.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ANGOLA, BELIZE, BENIN (DAHOMEY), BOTSWANA,

BURUNDI, CAMBODIA, CAMEROON, TRINIDAD & TOBAGO,

CENTRAL AFRICAN REP, KAZAKHSTAN, KYRGYZSTAN, TAJIKISTAN,

CHINA, COSTA RICA, COTE D IVOIRE, CONGO, DEM REP,

DOMINICAN REPUBLIC, EL SALVADOR, ETHIOPIA, GUATEMALA,

GUINEA, HAITI, HONDURAS, INDIA,

KENYA, LAOS, LESOTHO, MADAGASCAR,

MALAWI, MALI, MEXICO, MOZAMBIQUE,

BURMA, NAMIBIA, NEPAL, NICARAGUA,

NIGERIA, PAKISTAN, PANAMA, PAPUA NEW GUINEA,

ROMANIA, RUSSIA, RWANDA, SOMALIA,

SOUTH AFRICA, SUDAN, SWITZERLAND, TANZANIA,

THAILAND, TOGO, UGANDA,

VIETNAM, ZAMBIA, ZIMBABWE, ZIMBABWE,

LIBERIA, PARAGUAY

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S GOVERNING BODY

IS PRESENTED WITH A DRAFT OF THE FORMS 990 AND 990T PRIOR TO FILING TO

REVIEW WITH THE AUDIT REPORT. THE GOVERNING BODY IS ABLE TO SPEAK DIRECTLY

WITH THE PREPARER TO HAVE ANY QUESTIONS OR CONCERNS ANSWERED. THE GOVERNING

BODY AUTHORIZES THAT THE FILINGS BE FINALIZED AND SUBMITTED TO THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES

032212
01-24-11

Name of the organization	Employer identification number
POPULATION SERVICES INTERNATIONAL	56-0942853

OFFICERS, DIRECTORS AND KEY EMPLOYEES TO COMPLETE THE FORM ANNUALLY AND THE

FORMS ARE REVIEWED FOR ANY DISCLOSURES. A DECISION IS MADE TO DETERMINE

WHETHER THE DIRECTOR MUST ABSTAIN IN VOTING ON ANY MATTERS WHERE THE

CONFLICT MAY BE AN ISSUE.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO INCENTIVE COMPENSATION IS

DETERMINED BY THE ORGANIZATION'S BOARD OF DIRECTORS. THE BOARD OBTAINS

COMPARABILITY STATISTICS FROM ORGANIZATIONS OF SIMILAR SIZE AND ALSO

CONSIDERS SUCH FACTORS AS SENIORITY, WHERE THEY ARE POSTED AND SPECIAL

SKILLS NEEDED FOR THEIR POSITION. THE BOARD THEN VOTES AND APPROVES THE

LEVELS OF COMPENSATION FOR THE CEO.

THE ORGANIZATION MAINTAINS AN INCENTIVE COMPENSATION POLICY AS A MEANS OF

REWARDING EMPLOYEES IN THEIR ACHIEVING INDIVIDUAL AND ORGANIZATIONAL GOALS.

THE BOARD OBTAINS COMPARABILITY STATISTICS FROM ORGANIZATIONS OF SIMILAR

SIZE AND WHICH HAVE EMPLOYEES WITH SIMILAR LEVELS OF RESPONSIBILITY. THEY

ALSO CONSIDER SUCH FACTORS AS SENIORITY, WHERE THEY ARE POSTED AND SPECIAL

SKILLS NEEDED FOR THEIR POSITION. THE CEO CONSULTS WITH THE BOARD ON

COMPENSATION FOR OTHER KEY EMPLOYEES.

COUNTRY REPRESENTATIVES INCENTIVE COMPENSATION IS DETERMINED ACCORDING TO A

FORMULA WHICH ASSIGNS MONETARY VALUE TO INCREASES IN CERTAIN SPECIFIC

MEASURABLE CRITERIA, INCLUDING BUT NOT LIMITED TO, INCREASES IN E.G., DALYS

OR OTHER HEALTH IMPACT METRIC DEEMED APPROPRIATE FOR THE YEAR IN QUESTION

OVER THE PRIOR YEAR; INCREASES IN ACTIVE PROJECT VALUE AND UNRESTRICTED

FUND BALANCES OVER THE PREVIOUS YEAR. THE CEO, IN CONSULTATION WITH THE COO

AND REGIONAL DIRECTORS, MAY ADJUST AMOUNTS INDICATED BY FORMULA RESULTS AT

HIS DISCRETION.

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

032212
01-24-11

Name of the organization	POPULATION SERVICES INTERNATIONAL	Employer identification number	56-0942853
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NY,AL,AK,AZ,CA,CT,DC,FL,GA,IL,KS,KY,LA,MD,MA,MI,MN,MS,MO,NC,ND,NH,NJ,NM,OH

OK,OR,PA,RI,SC,TN,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

FOREIGN CORPORATION REVENUE	346,260,547.
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FOREIGN CORPORATION EXPENSES	-343,213,577.
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FOREIGN CURRENCY TRANSLATION LOSS	-3,687,414.
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UNREALIZED GAINS	997,174.
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PRIOR YEAR RESTATEMENT ADJUSTMENT	-1,132,484.
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TOTAL TO FORM 990, PART XI, LINE 5	-775,754.
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FORM 990, PART XI, LINE 2C

OVERSIGHT OF AUDIT

THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT

OF THE AUDIT OF THE FINANCIAL STATEMENTS.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

POPULATION SERVICES INTERNATIONAL

Employer identification number

56-0942853

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PRUDENCE, LLC - 20-8836430	COMMERCIAL RENTAL REAL ESTATE	DISTRICT OF COLUMBIA	2,894,287.	49,450,020.	N/A
1120 19TH STREET, NW					
WASHINGTON, DC 20036					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PASMO BELIZE	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	BELIZE			N/A		X
1296 MARBLE CONE DR.							
BELIZE CITY, BELIZE							
ASSOCIATION BENINOISE POUR LE MARKETING	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	BENIN (DAHOMAY)			N/A		X
SOCIAL (ABMS) - BENIN, B.P. 08-0876 TRI							
POSTAL COTONOU R.B,, COTONOU , BENIN							
PSI/BOTSWANA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	BOTSWANA			N/A		X
KGALE MEWS UNIT 13							
GABORONE, BOTSWANA							
ASSOCIATION CAMEROUNAISE POUR LE MARKETING	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	CAMEROON			N/A		X
SOCIAL (ACMS) - CAMEROON, BP 14025 MBALLA II							
FACE DRAGAGES, YAOUNDE, CAMEROON							

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

Schedule R (Form 990) 2010

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ASSOCIATION CENTRAFRICAINE POUR LE MARKETING SOCIAL (ACAMS) - CAR, BP 127, AVENUE DE L'INDEPENDENCE, DERRIERE RADIO, BANGUI, ASSOCIATION DE SANTE FAMILIALE - DRC 232 AVENUE TOMBALBAYE KINSHASA, CONGO, DEMO. REP. OF	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	CENTRAL AFRICAN REP.			N/A		X
PSI/HAITI 157 RUE L'OUVERTURE PETION-VILLE, HAITI	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	HAITI			N/A		X
PSI/INDIA DLF CYBER CITY BUILDING NO. 10, TOWER A, 4TH GURGAON (HARYANA), INDIA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	INDIA			N/A		X
PSI/KENYA 2ND FLOOR, WING B, JUMUIA PLACE, LENANA ROAD NAIROBI, KENYA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	KENYA			N/A		X
PSI/MADAGASCAR BP 7748 ANTANANARIVO, MADAGASCAR	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	MADAGASCAR			N/A		X
PSI/MALAWI WESTBURY HOUSE PLOT NY 312 BLANTYRE, MALAWI	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	MALAWI			N/A		X
POPULATION SERVICES INTERNATIONAL PSI, A.C. - MEXICO, MANUEL VILLALONGIN NO. 150, MEXICO DISTRITO FEDERAL C.P. 06500, MEXICO	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	MEXICO			N/A		X
SOCIAL MARKETING ASSOCIATION - NAMIBIA 119 INDEPENDENCE AVENUE WINDHOEK, NAMIBIA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	NAMIBIA			N/A		X
THE SOCIETY FOR FAMILY HEALTH - NIGERIA 8 PORT HARCOURT CRESCENT ABUJA, NIGERIA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	NIGERIA			N/A		X
SOCIETY FOR FAMILY HEALTH - SOUTH AFRICA 8 HILLSIDE ROAD JOHANNESBURG, SOUTH AFRICA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	SOUTH AFRICA			N/A		X
PSI ROMANIA 43, TUDOR STEFAN STREET BUCHAREST, ROMANIA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	ROMANIA			N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ASOCIACION PANAMERICANA DE MERCADEO SOCIAL PRIMERA CALLE PONIENTE Y 51 AVENIDA NORTE, NO. 2723 SAN SALVADOR, EL SALVADOR	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	EL SALVADOR	N/A	C CORP	2,798,470.	710,430.	99.48%
ASOCIACION PANAMERICANA DE MERCADEO SOCIAL 5 AVENIDA 15-45 ZONA 10 GUATEMALA CITY, GUATEMALA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	GUATEMALA	N/A	C CORP	3,291,239.	-325,586.	99.98%
ASOCIACION PANAMERICANA DE MERCADEO SOCIAL COLONIA CASTANOS BLOQUE #3 CASA N. 2702 TEGUCIGALPA, HONDURAS	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	HONDURAS	N/A	C CORP	915,750.	-61,057.	83.18%
ASOCIACION PANAMERICANA DE MERCADEO SOCIAL CARRETERA MASAYA KM 10 1/4 MANAGUA, NICARAGUA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	NICARAGUA	N/A	C CORP	3,306,104.	587,196.	99.98%
PSI/LESOTHO 138 MOSHOSHOSH ROAD MASERU, LESOTHO	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	LESOTHO	N/A	C CORP	4,926,324.	1,131,838.	100.00%

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to other organization(s)	1b	X
c Gift, grant, or capital contribution from other organization(s)	1c	X
d Loans or loan guarantees to or for other organization(s)	1d	X
e Loans or loan guarantees by other organization(s)	1e	X
f Sale of assets to other organization(s)	1f	X
g Purchase of assets from other organization(s)	1g	X
h Exchange of assets	1h	X
i Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n Sharing of paid employees	1n	X
o Reimbursement paid to other organization for expenses	1o	X
p Reimbursement paid by other organization for expenses	1p	X
q Other transfer of cash or property to other organization(s)	1q	X
r Other transfer of cash or property from other organization(s)	1r	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PASMO BELIZE	Q	4,680,748.FMV	
(2) ASSOCIATION BENINOISE POUR LE MARKETING SOCIAL (ABMS) - BENIN	Q	4,680,748.FMV	
(3) PSI/BOTSWANA	Q	3,796,812.FMV	
ASSOCIATION CAMEROUNAISE POUR LE MARKETING SOCIAL (ACMS) -	Q	1,360,126.FMV	
(4) CAMEROON	Q	627,060.FMV	
ASSOCIATION CENTRAFRICAINE POUR LE MARKETING SOCIAL (ACAMS) -	Q	2,173,695.FMV	
(5) CAR	Q		
(6) GUATEMALA - REGIONAL OFFICE	Q		

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)PSI/HAITI	Q	3,918,663.	FMV
(8)PSI/INDIA	Q	14,347,982.	FMV
(9)PSI/KENYA	Q	22,797,898.	FMV
(10)PSI/MADAGASCAR	Q	16,422,461.	FMV
(11)PSI/MALAWI	Q	4,337,518.	FMV
(12)POPULATION SERVICES INTERNATIONAL PSI, A.C. - MEXICO	Q	1,326,300.	FMV
(13)SOCIAL MARKETING ASSOCIATION - NAMIBIA	Q	147,582.	FMV
(14)THE SOCIETY FOR FAMILY HEALTH - NIGERIA	Q	6,813,797.	FMV
(15)SOCIETY FOR FAMILY HEALTH - SOUTH AFRICA	Q	8,428,381.	FMV
(16)CENTER FOR SOCIAL DEVELOPMENT & INFORMATION - RUSSIA	Q	2,534,402.	FMV
(17)PSI/TANZANIA	Q	11,293,040.	FMV
(18)Q.HOUSE - THAILAND	Q	2,238,549.	FMV
(19)PSI/TOGO - ATMS	Q	4,237,516.	FMV
(20)PACE - UGANDA	Q	4,180,107.	FMV
(21)SOCIETY FOR PUBLIC HEALTH (SFH) - ZAMBIA	Q	12,542,018.	FMV
(22)PSI/ZIMBABWE	Q	14,416,070.	FMV
(23)ASOCIACION PANAMERICANA DE MERCADEO SOCIAL - EL SALVADOR	Q	1,989,237.	FMV
(24)ASOCIACION PANAMERICANA DE MERCADEO SOCIAL - GUATEMALA	Q	1,343,894.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) ASOCIACION PANAMERICANA DE MERCADEO SOCIAL - HONDURAS	Q	252,600.	FMV
(8) ASOCIACION PANAMERICANA DE MERCADEO SOCIAL - NICARAGUA	Q	3,094,495.	FMV
(9) PSI/LESOTHO	Q	3,850,683.	FMV
(10) PSI/SWAZILAND	Q	5,960,141.	FMV
(11) PROYECTOS EN SALUD INTEGRAL (PSI) SOCIEDAD ANONIMA - COSTA RICA	Q	209,992.	FMV
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

[illegible]