

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

2011**Open to Public
Inspection**

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

A For the 2011 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 Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1120 NINETEENTH STREET, NW 600 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 <hr/> F Name and address of principal officer: KARL HOFMANN SAME AS C ABOVE	D Employer identification number 56-0942853 <hr/> E Telephone number 202-785-0072 <hr/> G Gross receipts \$ 412,332,742. <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: 1970 M State of legal domicile: NC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MEASURABLY IMPROVE THE HEALTH OF THE POOR AND VUNERABLE PEOPLE IN THE WORLD <hr/> 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 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 423 6 Total number of volunteers (estimate if necessary) 6 59 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 320,342. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 234,567,271. Current Year 348,982,099. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 369,000. 235,506. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,827,290. 101,313. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 237,763,561. 349,318,918.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 27,057,589. 42,281,608. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 62,365,935. 60,766,644. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 320,260. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 153,722,697. 245,782,284. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 243,146,221. 348,830,536. 19 Revenue less expenses. Subtract line 18 from line 12 -5,382,660. 488,382.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 436,968,588. End of Year 425,303,841. 21 Total liabilities (Part X, line 26) 411,444,410. 393,237,741. 22 Net assets or fund balances. Subtract line 21 from line 20 25,524,178. 32,066,100.	

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, VP AND CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHAEL SORRELLS, CPA Firm's name ▶ BDO USA, LLP Firm's address ▶ 7101 WISCONSIN AVE., SUITE 800 BETHESDA, MD 20814-4827	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00001737 Firm's EIN ▶ 13-5381590 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:
 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. (CONTINUED
 ON SCHEDULE O)
- 2** Did the organization undertake any significant program services during the year which were not listed on
 the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
 Section 501(c)(3) and 501(c)(4) organizations 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 \$ 332,141,576. including grants of \$) (Revenue \$)
 POPULATION SERVICES INTERNATIONAL (PSI) PROVIDES SERVICES TO IMPROVE
 THE HEALTH OF PEOPLE IN THE DEVELOPING WORLD BY FOCUSING ON SERIOUS
 CHALLENGES SUCH AS MALARIA, HIV/AIDS, THE LACK OF FAMILY PLANNING,
 CONTAMINATED WATER AND THREATS TO MATERNAL AND CHILD HEALTH. DURING
 2011 PSI HAD TOTAL CONSOLIDATED EXPENDITURES OF \$679 MILLION, PROVIDING
 HEALTH SERVICES IN OVER 60 COUNTRIES WORLDWIDE. THE 990 REFLECTS
 THOSE COUNTRIES THAT ARE ESTABLISHED AS BRANCH OFFICES OF PSI WHICH
 REPRESENT 33 OF THE COUNTRIES IN WHICH PSI WORKS. IN THE REMAINING
 COUNTRIES PSI IS ESTABLISHED AS SEPARATE LOCAL ENTITIES WHICH ARE
 EXCLUDED FROM THE 990. THESE ENTITIES REPRESENT \$330 MILLION IN
 EXPENDITURES. (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 **▶** 332,141,576.

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 <i>Schedule B, Schedule of Contributors</i> ?	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	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants 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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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>		X
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>		X
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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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	122	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	423	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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)?	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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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 ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16			
b Enter the number of voting members included in line 1a, above, who are independent		16		
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?			2	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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	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			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

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

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

20 State the name, 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK LOY DIRECTOR, CHAIR	0.00	X		X				0.	0.	0.
(2) SARAH EPSTEIN DIRECTOR	0.00	X						0.	0.	0.
(3) GAIL MCGREEVY HARMON DIRECTOR	0.00	X						0.	0.	0.
(4) JUDITH RICHARDS HOPE DIRECTOR	0.00	X						0.	0.	0.
(5) GILBERT OMENN DIRECTOR	0.00	X						0.	0.	0.
(6) DR. REHANA AHMED DIRECTOR	0.00	X						0.	0.	0.
(7) DAVID BLOOM DIRECTOR	0.00	X						0.	0.	0.
(8) SHIMA GYOH DIRECTOR	0.00	X						0.	0.	0.
(9) WILLIAM HARROP DIRECTOR	0.00	X						0.	0.	0.
(10) ASHLEY JUDD DIRECTOR	0.00	X						0.	0.	0.
(11) MALCOLM POTTS DIRECTOR	0.00	X						0.	0.	0.
(12) BARBARA PIERCE BUSH DIRECTOR	0.00	X						0.	0.	0.
(13) FRANS ENGERING DIRECTOR	0.00	X						0.	0.	0.
(14) PUTNAM KELLER DIRECTOR	0.00	X						0.	0.	0.
(15) BILL SANDERS DIRECTOR	0.00	X						0.	0.	0.
(16) REBECCA VAN DYCK DIRECTOR	0.00	X						0.	0.	0.
(17) KARL HOFMANN PRESIDENT & CHIEF EXECUTIVE OFFICER	50.00			X				373,325.	0.	49,928.

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PETER CLANCY EVP & CHIEF OPERATING OFFICER	50.00			X				328,994.	0.	49,095.
(19) KIM SCHWARTZ VP AND CHIEF FINANCIAL OFFICER	50.00			X				294,694.	0.	44,693.
(20) STEVE CHAPMAN SVP & CHIEF TECHNOLOGY OFFICER	50.00			X				262,868.	0.	25,847.
(21) SALLY COWAL SVP & CHIEF LAISON OFFICER	50.00			X				250,938.	0.	24,386.
(22) KATHLYN ROBERTS VP, CORPORATE MARKETING, COMM. & ADV	50.00				X			287,723.	0.	31,327.
(23) BARRY WHITTLE SR REG'L DIR, L. AMERICA/CARIBBEAN	50.00				X			282,796.	0.	18,630.
(24) CHASTAIN FITZGERALD VP, BUSINESS DEVELOPMENT & STRATEGIC	50.00				X			259,660.	0.	43,525.
(25) DESMIOND CHAVASSE VP, MALARIA CONTROL/CHILD SURVIVAL	50.00				X			257,085.	0.	19,238.
(26) DAVID REENE SVP & COUNTRY REPRESENTATIVE	50.00				X			238,046.	0.	18,307.
1b Sub-total								2,836,129.	0.	324,976.
c Total from continuation sheets to Part VII, Section A								1,977,153.	0.	223,088.
d Total (add lines 1b and 1c)								4,813,282.	0.	548,064.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **84**

	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BDO USA, LLP PO BOX 642743, PITTSBURGH, PA 15264-7423	AUDIT & TAX	680,759.
ZS ASSOCIATES, INC, 150 COLLEGE ROAD WEST, SUITE 300, PRINCETON, NJ 08540	PROFESSIONAL	446,294.
SONENTHAL & OVERALL, 1120 19TH STREET, NW, SUITE 420, WASHINGTON, DC 20036	LEGAL	357,937.
JST CONSULTING, INC. 1508 PARK AVENUE, RICHMOND, VA 23220	CONSULTING	290,704.
ACCOUNTANTS INTERNATIONAL/RANDSTAD F & A 12516 COLLECTION CTR DR, CHICAGO, IL 60693	TEMPORARY HELP	280,176.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **26**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2011)

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			
(27) DOUGLAS CALL SR REG'L DIR, SOUTHERN AFRICA	50.00				X			199,463.	0.	35,080.
(28) LISA SIMUTAMI SR REG'L DIR, EAST AFRICA	50.00				X			181,883.	0.	33,811.
(29) MOUSSA ABBO SR REG'L DIR, W. & C. AFRICA	50.00				X			173,015.	0.	34,603.
(30) BRIAN SMITH VP & SR REG'L DIR, ASIA & E. EUROPE	50.00				X			166,340.	0.	34,552.
(31) DAVID WALKER GLOBAL DIRECTOR, SOCIAL MARKETING	50.00					X		327,661.	0.	18,022.
(32) ANDREW BONER CR - NEPAL	50.00					X		253,209.	0.	21,851.
(33) DANA WARD CR - INDIA	50.00					X		229,938.	0.	14,951.
(34) DENNIS WALTO CR - LESOTHO	50.00					X		226,694.	0.	14,590.
(35) CYNTHIA L. ROBINSON CR - PAPUA NEW GUINEA	50.00					X		218,950.	0.	15,628.
Total to Part VII, Section A, line 1c								1,977,153.		223,088.

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	168,217,312.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	180,764,787.				
	g	Noncash contributions included in lines 1a-1f: \$		48,306,261.				
	h	Total. Add lines 1a-1f		348,982,099.				
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)			399,862.		399,862.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		(i) Real	(ii) Personal				
		Gross rents	2,396,989.					
		Less: rental expenses	2,013,529.					
		Rental income or (loss)	383,460.					
	d	Net rental income or (loss)			383,460.	320,342.	63,118.	
	7 a		(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory	60,835,939.					
		Less: cost or other basis and sales expenses	61,000,295.					
		Gain or (loss)	-164,356.					
	d	Net gain or (loss)			-164,356.		-164,356.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
	b	Less: direct expenses		b				
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19		a				
b	Less: direct expenses		b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		a					
b	Less: cost of goods sold		b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	FOREIGN CUR TRANS LOSS		900099	-282,147.		-282,147.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			-282,147.				
12	Total revenue. See instructions.			349,318,918.	0.	320,342.	16,477.	

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	10,342,806.	10,342,806.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	31,938,802.	31,938,802.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,361,347.	4,157,610.	1,197,356.	6,381.
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	42,792,238.	38,815,180.	3,970,268.	6,790.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	1,370,455.	1,276,287.	93,812.	356.
9 Other employee benefits	9,575,310.	8,663,928.	909,034.	2,348.
10 Payroll taxes	1,667,294.	1,490,016.	176,390.	888.
11 Fees for services (non-employees):				
a Management				
b Legal	685,285.	611,351.	72,669.	1,265.
c Accounting	2,345,937.	2,097,618.	248,319.	
d Lobbying	41,961.	41,961.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	11,819,183.	10,371,264.	1,227,763.	220,156.
12 Advertising and promotion	17,236,666.	15,412,156.	1,824,510.	
13 Office expenses	5,090,697.	4,518,174.	534,867.	37,656.
14 Information technology	1,459,558.	1,305,063.	154,495.	
15 Royalties				
16 Occupancy	5,883,340.	5,260,585.	622,755.	
17 Travel	18,396,914.	16,437,177.	1,945,925.	13,812.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,692,782.	2,407,027.	284,947.	808.
20 Interest	31,988.	28,602.	3,386.	
21 Payments to affiliates	6,096,954.	6,096,954.		
22 Depreciation, depletion, and amortization	4,831,399.	4,319,993.	511,406.	
23 Insurance	1,317,239.	1,177,809.	139,430.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMODITIES [COGS]	151,549,157.	151,549,157.		
b TRAINING	9,855,454.	8,700,534.	1,125,120.	29,800.
c MISCELLANEOUS EXPENSES	5,520,273.	4,292,201.	1,228,072.	
d BANK AND INVESTMENT FEE	927,497.	829,321.	98,176.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	348,830,536.	332,141,576.	16,368,700.	320,260.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	133,456,734.	1	130,895,687.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	87,524,959.	3	106,165,221.
	4 Accounts receivable, net	708,832.	4	
	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	64,138,234.	8	33,865,884.
	9 Prepaid expenses and deferred charges	17,683,728.	9	15,852,016.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 79,607,010.		
	b Less: accumulated depreciation	10b 20,285,288.		
		62,324,535.	10c	59,321,722.
	11 Investments - publicly traded securities	19,152,262.	11	20,302,182.
	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	51,979,304.	15	58,901,129.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	436,968,588.	16	425,303,841.	
Liabilities	17 Accounts payable and accrued expenses	30,673,325.	17	52,554,275.
	18 Grants payable		18	
	19 Deferred revenue	247,427,272.	19	236,850,538.
	20 Tax-exempt bond liabilities	28,200,000.	20	28,200,000.
	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	17,324,000.	23	17,324,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	87,819,813.	25	58,308,928.
	26 Total liabilities. Add lines 17 through 25	411,444,410.	26	393,237,741.
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	14,120,417.	27	21,803,739.
	28 Temporarily restricted net assets	11,392,574.	28	10,251,174.
	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	25,524,178.	33	32,066,100.
	34 Total liabilities and net assets/fund balances	436,968,588.	34	425,303,841.

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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	349,318,918.
2	Total expenses (must equal Part IX, column (A), line 25)	2	348,830,536.
3	Revenue less expenses. Subtract line 2 from line 1	3	488,382.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,524,178.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,053,540.
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	32,066,100.

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
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2011)

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	300,588,056.	388,359,005.	195,742,605.	234,567,271.	348,982,099.	1468239036.
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	300,588,056.	388,359,005.	195,742,605.	234,567,271.	348,982,099.	1468239036.
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.						1468239036.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	300,588,056.	388,359,005.	195,742,605.	234,567,271.	348,982,099.	1468239036.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,465,130.	2,018,108.	2,274,113.	2,402,693.	2,796,851.	11,956,895.
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.	-282,147.	2,660,962.
11 Total support. Add lines 7 through 10						1482856893.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	99.01 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.05 %
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 ☐

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

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

OMB No. 1545-0047

2011**Name of the organization****Employer identification number**

POPULATION SERVICES INTERNATIONAL

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, total 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 total 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 Part I, 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) (2011)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 30,194,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 21,343,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 21,670,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 11,277,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 77,423,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 10,884,839.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 7,759,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 57,292,244.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 35,351,667.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)
		\$	Person <input 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.)
		\$	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). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	DONATED COMMODITIES	\$ 4,829,803.	12/31/11
6	DONATED COMMODITIES	\$ 8,124,791.	12/31/11
9	DONATED COMMODITIES	\$ 35,351,667.	12/31/11
		\$	
		\$	
		\$	

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 that total 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.) ► \$ _____

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2011

**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 35c (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) 2011

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		41,961.	
c Total lobbying expenditures (add lines 1a and 1b)		41,961.	
d Other exempt purpose expenditures		348,788,575.	
e Total exempt purpose expenditures (add lines 1c and 1d)		348,830,536.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	109,910.	70,416.	87,577.	41,961.	309,864.
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) 2011

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

**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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Temporarily restricted endowment ☐ _____ %

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

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

(i) unrelated organizations

(ii) related organizations

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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 property	(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		30,938,786.	4,838,233.	26,100,553.
c Leasehold improvements		88,754.	83,206.	5,548.
d Equipment		3,196,967.	2,362,489.	834,478.
e Other		20,470,955.	13,001,360.	7,469,595.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				59,321,722.

Schedule D (Form 990) 2011

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	1,725,713.
(2) CONTRIBUTIONS RECEIVABLE	99,928.
(3) OTHER	13,705,329.
(4) DUE FROM AFFILIATES	42,453,605.
(5) DUE FROM UNCONSOLIDATED AFFILIATES	916,554.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	58,901,129.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEPOSITS HELD IN TRUST	57,310,018.	
(3) OTHER LIABILITIES	998,910.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	58,308,928.	

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	349,318,918.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	348,830,536.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	488,382.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	6,053,540.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	6,053,540.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	6,541,922.

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	682,802,373.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-354,639.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	333,838,094.
e	Add lines 2a through 2d	2e	333,483,455.
3	Subtract line 2e from line 1	3	349,318,918.
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	349,318,918.

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

1	Total expenses and losses per audited financial statements	1	679,238,199.
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	330,407,663.
e	Add lines 2a through 2d	2e	330,407,663.
3	Subtract line 2e from line 1	3	348,830,536.
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	348,830,536.

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, 2011, 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 2008.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CORPORATIONS' ACTIVITY 333,838,094.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CORPORATIONS' ACTIVITY 330,407,663.

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 U.S. ENTITY ONLY.

SEE THE PROGRAM DESCRIPTION ON PART III, LINE 4A AND CONTINUED 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

2011**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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	18	PROGRAM SERVICES	SOCIAL MARKETING	1,734,380.
EAST ASIA AND THE PACIFIC	12	1841	PROGRAM SERVICES	SOCIAL MARKETING	38,831,628.
RUSSIA & THE NEWLY INDEPENDENT STATES	3	38	PROGRAM SERVICES	SOCIAL MARKETING	2,741,716.
SOUTH ASIA	1	132	PROGRAM SERVICES	SOCIAL MARKETING	8,328,520.
SUB-SAHARAN AFRICA	43	1171	PROGRAM SERVICES	SOCIAL MARKETING	203,363,368.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		184,872.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		2,648,939.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	INVESTMENTS		240,642.
3 a Sub-total	60	3200			258,074,065.
b Total from continuation sheets to Part I	0	0			7,383,248.
c Totals (add lines 3a and 3b)	60	3200			265,457,313.

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

Schedule F (Form 990) 2011

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		45,137.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		7,338,111.
Totals					7,383,248.

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	4,146,023.	CHECK	0.		
		SOUTH ASIA	LAD PAK PHASE II	4,074,342.	CHECK	0.		
		SUB-SAHARAN AFRICA	SOMALIA DFID MAT & CHILD HLT	1,658,724.	CHECK	0.		
		SUB-SAHARAN AFRICA	SOMALIA DFID MAT & CHILD HLT	1,334,658.	CHECK	0.		
		SUB-SAHARAN AFRICA	SOMALIA DFID MAT & CHILD HLT	1,258,487.	CHECK	0.		
		SOUTH ASIA	NEPAL GF REDUCE HIV IMPACT MSM	1,218,883.	CHECK	0.		
		SUB-SAHARAN AFRICA	SOMALIA DFID MAT & CHILD HLT	917,789.	CHECK	0.		
		SOUTH ASIA	NEPAL GF REDUCE HIV IMPACT MSM	695,181.	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 489
- 3** Enter total number of other organizations or entities 0

Schedule F (Form 990) 2011

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	SOMALIA DFID MAT & CHILD HLT	629,377.	CHECK	0.		
		SUB-SAHARAN AFRICA	REGIONAL CIDA ACT WHO/TDR	519,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	SOMALIA DFID MAT & CHILD HLT	513,979.	CHECK	0.		
		SOUTH ASIA	NEPAL GF REDUCE HIV IMPACT MSM	405,287.	CHECK	0.		
		SOUTH ASIA	PAK LAD ACCESS & USE OF FP AND	329,209.	CHECK	0.		
		SUB-SAHARAN AFRICA	SOMALIA DFID MAT & CHILD HLT	277,169.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF UNOPS MARC PROJECT	275,777.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	PNG PROMO HEALTHY SEXUAL BEHAV	200,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	PNG PROMO HEALTHY SEXUAL BEHAV	200,000.	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	GATES ANTIMALARIAL ACT 1 CORE	156,665.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HIV PREV Y3	123,249.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	118,182.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	116,126.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI USAID PATHWAY FOLLOW ON	100,725.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI USAID PATHWAY FOLLOW ON	100,148.	CHECK	0.		
		SOUTH ASIA	PAKISTAN P&G PUR CLEAN WATER R	100,000.	CHECK	0.		
		SOUTH ASIA	PAKISTAN UNILEVER FLOOD RELIEF	100,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	95,441.	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 GLOBAL FUND RD 7 MAL PH2	89,848.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	89,118.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	87,759.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	EXXON COMM HEALTH? SCHOLARSHIP	85,051.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	84,973.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	77,022.	CHECK	0.		
		SOUTH ASIA	PAKISTAN UF VOUCHER	75,962.	CHECK	0.		
		SOUTH ASIA	LAD PAK PHASE II	75,962.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	75,900.	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 MOH/GF RD 8 MALARIA PR	75,377.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	73,213.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	72,100.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	71,513.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	70,644.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	66,182.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	66,064.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	65,526.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GATES ANTIMALARIAL ACT 1 CORE	65,426.	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 GF HIV SINGLE STREAM	63,427.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR GATES HEALTH MARKETS 1	58,959.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	58,601.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	58,060.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	57,929.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HIV VCT Y2	57,249.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	55,682.	CHECK	0.		
		SOUTH ASIA	LAD WHP II NEPAL	55,106.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	54,197.	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	51,995.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	51,639.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	50,852.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	50,700.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	50,556.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	49,319.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	48,273.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	47,690.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	47,152.	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	ANGOLA JSI DELIVER PROJECT TO3	46,555.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	44,439.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	43,351.	CHECK	0.		
		SUB-SAHARAN AFRICA	PI SM OF FP/MCH/HIV	42,000.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	41,523.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	41,070.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	40,838.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	40,297.	CHECK	0.		
		SOUTH ASIA	LAD WHP II NEPAL	39,887.	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 & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	39,351.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	38,825.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	38,628.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	38,451.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	37,954.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	37,477.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	34,931.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	34,506.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	33,997.	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 MOH/GF RD 8 MALARIA PR	33,584.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	33,583.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	33,311.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	BURUNDI MOH INTEGRATED HIV	32,554.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	31,733.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	31,412.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	31,350.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	31,261.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	30,900.	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 GLOBAL FUND RD 7 MAL PH2	30,734.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	30,292.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	29,977.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	29,797.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	29,738.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	29,158.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	28,918.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	28,798.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	28,704.	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 & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	28,364.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR GATES HEALTH MARKETS 1	28,288.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	28,261.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	28,260.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	27,650.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	27,555.	CHECK	0.		
		SOUTH ASIA	LAD WHP II NEPAL	27,206.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA MOH/GF RD 8 MALARIA PR	27,172.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	26,855.	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 & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	26,250.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	26,174.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	26,105.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RGNL SE ASIA USAID BCC MEKONG	25,662.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	25,642.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	25,198.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	25,137.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	KAZAKHSTAN GF RD7 ARY PROGRAM	24,072.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	23,678.	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	ANGOLA JSI DELIVER PROJECT TO3	23,678.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	23,504.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	22,474.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA MOH/GF RD 8 MALARIA PR	22,461.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	22,215.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	22,125.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	22,110.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	21,543.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	21,535.	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	ANGOLA JSI DELIVER PROJECT TO3	20,679.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	20,502.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	20,245.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	20,208.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	20,051.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD WHP II MYANMAR SUBAWARDS	20,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD WHP II MYANMAR SUBAWARDS	20,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD WHP II MYANMAR SUBAWARDS	20,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	19,660.	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 CDC HIV PREV Y3	19,629.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	19,536.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	19,527.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	19,384.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	19,315.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	MULTI-RGNL DUTCH COMPREHENSIVE	19,097.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	19,079.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	18,983.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA MOH/GF RD 8 MALARIA PR	18,867.	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	ETHIOPIA USAID HIV PREV	18,846.	CHECK	0.		
		SUB-SAHARAN AFRICA	LIBERIA UNFPA 2011 REVITALIZED	18,750.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HIV VCT Y2	18,697.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	18,613.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	18,436.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	18,435.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	18,406.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	18,117.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	18,116.	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 GF HIV SINGLE STREAM	18,068.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	17,796.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	17,749.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	17,671.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	17,605.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	17,479.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ HIV PRVNTION FOR MARPS Y2	17,432.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	17,307.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	17,149.	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	ETHIOPIA USAID HIV PREV	17,078.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	16,993.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	16,865.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	16,708.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	16,704.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	16,552.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	16,496.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG TB	16,479.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DR OPTIONS REG HIV PREV DIS	16,405.	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	RGNL SE ASIA USAID HIV CHINA	16,377.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	16,217.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA RDUF PENDING	16,026.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	15,860.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	BURUNDI MOH INTEGRATED HIV	15,685.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	15,307.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	15,281.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	15,035.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG TB	14,971.	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	RGNL SE ASIA USAID HIV CHINA	14,969.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	14,859.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	14,744.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HIV VCT Y2	14,667.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	14,545.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	14,393.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	14,354.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	14,234.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	14,175.	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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		EAST ASIA AND THE PACIFIC	RGNL SE ASIA USAID BCC MEKONG	14,130.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	14,105.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	14,045.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	14,027.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	14,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA GF RD 6 MALARIA CNTRL	13,929.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	13,919.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	13,895.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	13,750.	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	DR OPTIONS REG HIV PREV DIS	13,641.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA MOH/GF RD 8 MALARIA PR	13,592.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD WHP II CAMBODIA	13,568.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	13,462.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	13,426.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	13,293.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	13,200.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	13,120.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	13,110.	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	RWANDA GF HIV SINGLE STREAM	13,110.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	13,026.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	13,024.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA CDC HIV VCT Y2	12,915.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	12,807.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	12,680.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	12,620.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DR OPTIONS REG HIV PREV DIS	12,605.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	12,575.	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	ANGOLA JSI DELIVER PROJECT TO3	12,499.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	12,496.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ USAID SWS YR 4-5	12,483.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	12,348.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	12,312.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DOM REP USAID CSM AMONG MARPS	12,161.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG TB	11,850.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ OXFAM NOVIB FEMALE CONDOMS	11,837.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	11,833.	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	ETHIOPIA USAID HIV PREV	11,751.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	11,624.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	11,603.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	11,583.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	11,495.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	11,475.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	11,409.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	11,394.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	11,322.	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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		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	11,250.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	11,188.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	11,043.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	11,033.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DR OPTIONS REG HIV PREV DIS	11,001.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	10,959.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	10,913.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	10,802.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	10,774.	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	ETHIOPIA USAID HIV PREV	10,700.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	10,690.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	10,560.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	10,439.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	10,435.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT CS	10,411.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DR OPTIONS REG HIV PREV DIS	10,392.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	10,200.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	10,148.	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	ETHIOPIA USAID HIV PREV	10,124.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	10,071.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DR OPTIONS REG HIV PREV DIS	10,062.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	9,976.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ NORWEGIAN GOVT FC AND LGBT	9,970.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	9,959.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT SW	9,922.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	9,767.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	9,726.	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	DOM REP USAID CSM AMONG MARPS	9,672.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	USAID REG COMPREV RESULT 2	9,614.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	USAID REG COMPREV RESULT 1	9,614.	CHECK	0.		
		SUB-SAHARAN AFRICA	C D'I CDC INCREASE ACCESS	9,582.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	9,541.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	9,470.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	9,373.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ DUTCH S MKT OF COMMOD P2	9,371.	CHECK	0.		
		SOUTH ASIA	LAD WHP II NEPAL	9,370.	CHECK	0.		

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		SOUTH ASIA	LAD WHP II NEPAL	9,217.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DR OPTIONS REG HIV PREV DIS	9,210.	CHECK	0.		
		SOUTH ASIA	LAD WHP II NEPAL	9,123.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	9,009.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DR OPTIONS REG HIV PREV DIS	8,893.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	8,881.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA GF RD 6 MALARIA CNTRL	8,840.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	8,837.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	8,819.	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	8,796.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	8,680.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	8,660.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	8,551.	CHECK	0.		
		SOUTH ASIA	LAD WHP II NEPAL	8,528.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DOM REP USAID CSM AMONG MARPS	8,513.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DOM REP USAID CSM AMONG MARPS	8,513.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ HIV PREVENTION FOR MARPS	8,488.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	8,449.	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 WHP II NEPAL	8,435.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	8,401.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RGNL SE ASIA USAID HIV CHINA	8,399.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	8,346.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	8,345.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	BURUNDI MOH INTEGRATED HIV	8,335.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	8,297.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	8,278.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	8,258.	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	ETHIOPIA USAID HIV PREV	8,191.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG TB	8,177.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	8,171.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	8,123.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	8,100.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	8,096.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	8,063.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	8,046.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	8,037.	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	BURUNDI MOH INTEGRATED HIV	8,031.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	7,990.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	7,988.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	USAID REG COMPREV RESULT 2	7,965.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	USAID REG COMPREV RESULT 2	7,965.	CHECK	0.		
		SUB-SAHARAN AFRICA	MALI USAID PATHWAY FOLLOW ON	7,920.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	7,909.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RGNL SE ASIA USAID HIV CHINA	7,908.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	7,900.	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 MSH/USAID SHTP 2	7,897.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	7,878.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREV BT	7,877.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	7,874.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREV BT	7,849.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	7,839.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	7,837.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	7,782.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	7,780.	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 GLOBAL FUND RD 7 MAL PH2	7,747.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	7,738.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREV BT	7,721.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA GF RD 6 MALARIA CNTRL	7,708.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	7,689.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	USAID REG COMPREV RESULT 1	7,653.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	USAID REG COMPREV RESULT 2	7,653.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	7,642.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	7,627.	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	ETHIOPIA CDC HIV COMM OUTREACH	7,623.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	7,573.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	7,557.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	7,538.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	7,522.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTRC Y3	7,466.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ HIV PREVENTION FOR MARPS	7,429.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	7,425.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ TB	7,417.	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 & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	7,415.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	7,404.	CHECK	0.		
		SUB-SAHARAN AFRICA	SUDAN GLOBAL FUND RD 7 MAL PH2	7,399.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF-UNOPS HIV YR 3 & 4	7,370.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	USAID REG COMPREV RESULT 1	7,337.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	USAID REG COMPREV RESULT 2	7,337.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	7,280.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ HIV PRVNTION FOR MARPS Y2	7,274.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM USAID PASSTH HIV PMTCT	7,264.	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 GF RD 6 MALARIA CNTRL	7,257.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	7,229.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DOM REP USAID CSM AMONG MARPS	7,208.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	7,200.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	7,188.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	7,167.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	7,156.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	7,146.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	7,110.	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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		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	7,087.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA GF RD 6 MALARIA CNTRL	7,059.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	7,041.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	7,039.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	LAD WHP II MYANMAR SUBAWARDS	7,000.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	6,992.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	6,990.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	6,983.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREV T CS	6,977.	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 & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	6,969.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	6,872.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	6,847.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM USAID PASSTH HIV PMTCT	6,840.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT SW	6,814.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	6,797.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	6,758.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	6,735.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	6,710.	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	RWANDA GF HIV SINGLE STREAM	6,676.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF-UNOPS HIV YR 3 & 4	6,670.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	6,636.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	6,619.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	6,568.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	6,545.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	6,529.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	6,529.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	6,504.	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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		EAST ASIA AND THE PACIFIC	VIETNAM USAID PASSTH HIV PMTCT	6,473.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DR OPTIONS REG HIV PREV DIS	6,467.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	6,462.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	6,456.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREV SW	6,454.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	6,450.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	6,400.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	6,386.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ HIV PREVENTION FOR MARPS	6,373.	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	ETHIOPIA USAID HIV PREV	6,353.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM USAID PASSTH HIV PMTCT	6,333.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	6,280.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF-UNOPS HIV YR 3 & 4	6,270.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT VC	6,261.	CHECK	0.		
		SUB-SAHARAN AFRICA	LIBERIA UNICEF HWT FOLLOW-ON	6,250.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT VC	6,239.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	6,231.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	6,169.	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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		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT VC	6,137.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	6,080.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	6,054.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	6,027.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG TB	6,011.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG TB	5,967.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,942.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,941.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,933.	CHECK	0.		

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		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,922.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,916.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,911.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	5,898.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ/DFID/HIV.CONDOMEX	5,872.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF-UNOPS HIV YR 3 & 4	5,870.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,844.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT SW	5,826.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	5,818.	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	ETHIOPIA USAID HIV PREV	5,818.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREV BT	5,809.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,780.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	5,775.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	5,775.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	5,770.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA USAID HIV PREV	5,746.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ DUTCH S MKT OF COMMOD P2	5,734.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	5,729.	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	ETHIOPIA CDC HIV COMM OUTREACH	5,725.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,682.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ HIV PREVENTION FOR MARPS	5,661.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,608.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,604.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA MOH/GF RD 8 MALARIA PR	5,592.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KG HIV	5,585.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,572.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	5,561.	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 SW	5,554.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	5,548.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,527.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	5,520.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	5,497.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	5,496.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	BURUNDI MOH INTEGRATED HIV	5,496.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ HIV PREVENTION FOR MARPS	5,493.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA USAID BCSM GEN MGMT	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)
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,418.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT SW	5,413.	CHECK	0.		
		SUB-SAHARAN AFRICA	RWANDA GF HIV SINGLE STREAM	5,404.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	5,399.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT VC	5,382.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,337.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT VC	5,336.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	5,303.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	5,292.	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	ANGOLA JSI DELIVER PROJECT TO3	5,287.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	5,282.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOZ HIV PREVENTION FOR MARPS	5,278.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DR OPTIONS REG HIV PREV DIS	5,273.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,265.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,253.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	5,248.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM USAID PASSTH HIV PMTCT	5,240.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT BT	5,233.	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 VC	5,233.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,229.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,226.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ TB	5,221.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM AIDSTAR RFTOP PREVT VC	5,215.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANGOLA JSI DELIVER PROJECT TO3	5,204.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,188.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - TJ HIV	5,170.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,165.	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 GLOBAL FUND RD 7 MAL PH2	5,148.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VIETNAM USAID PASSTH HIV PMTCT	5,147.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,117.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,114.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,101.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,098.	CHECK	0.		
		SUB-SAHARAN AFRICA	ETHIOPIA CDC HIV COMM OUTREACH	5,097.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,088.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,088.	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	5,072.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	MYANMAR 3DF-UNOPS HIV YR 3 & 4	5,070.	CHECK	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	CENTRAL ASIA - HOP - KZ HIV	5,052.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	CAMBODIA USAID SOC MKT AND BCI	5,033.	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2011

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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

2011**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		235,517.	0.			BENIN HIV/AIDS PROGRAM
CICATELLI ASSOCIATES INC 505 8TH AVE FL 16 NEW YORK, NY 10018	13-3020576	501(C)(3)	38,296.	0.			USAID MEXICO COMPREV RESULT 2
CICATELLI ASSOCIATES INC 505 8TH AVE FL 16 NEW YORK, NY 10018	13-3020576	501(C)(3)	162,954.	0.			USAID REG COMPREV RESULT 2
COOPERATIVE HOUSING FOUNDATION (CHF INT'L) - 8601 GEORGIA AVENUE, SUITE 800 - SILVER SPRING, MD 20910	52-0846183	501(C)(3)	150,597.	0.			RWANDA USAID BCSM GEN MGMT
ENGENDERHEALTH, INC. 440 9TH AVENUE NEW YORK, NY 10001	13-1623838	501(C)(3)	20,201.	0.			ETHIOPIA USAID HIV PREV ENG.HE
FAMILY HEALTH INTERNATIONAL 2224 E NC HWY 54 DURHAM, NC 27713	23-7413005	501(C)(3)	192,964.	0.			DRC ARMED FORCES AIDS OPT Y1

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** 17.

3 Enter total number of other organizations listed in the line 1 table **▶** 3.

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

Schedule I (Form 990) (2011)

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
INTERNATIONAL PLANNED PARENTHOOD 125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038	13-1845455	501(C)(3)	11,522.	0.			USAID BELIZE COMPREV RESULTS 3
INTERNATIONAL PLANNED PARENTHOOD 125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038	13-1845455	501(C)(3)	14,168.	0.			USAID COSTA COMPREV RESULTS 3
INTERNATIONAL PLANNED PARENTHOOD 125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038	13-1845455	501(C)(3)	43,186.	0.			USAID EL SAL COMPREV RESULTS 3
INTERNATIONAL PLANNED PARENTHOOD 125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038	13-1845455	501(C)(3)	48,910.	0.			USAID GUA COMPREV RESULT 3
INTERNATIONAL PLANNED PARENTHOOD 125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038	13-1845455	501(C)(3)	33,409.	0.			USAID MEXICO COMPREV RESULT 3
INTERNATIONAL PLANNED PARENTHOOD 125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038	13-1845455	501(C)(3)	26,187.	0.			USAID NIC COMPREV RESULT 3
INTERNATIONAL PLANNED PARENTHOOD 125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038	13-1845455	501(C)(3)	14,964.	0.			USAID PANAMA COMPREV RESULT 3
INTERNATIONAL PLANNED PARENTHOOD 125 MAIDEN LANE, 9TH FLOOR NEW YORK, NY 10038	13-1845455	501(C)(3)	90,922.	0.			USAID REG COMPREV RESULT 3
INTRAHEALTH INTERNATIONAL, INC. 6340 QUADRANGLE DRIVE, SUITE 200 CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	166,480.	0.			MULTI REGIONAL USAID SIFPO

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)	100,025.	0.			MULTI-RGNL DUTCH COMPREHENSIVE
JHU/CENTER FOR C.P. 111 MARKET PLACE, SUITE 310 BALTIMORE, MD 21202		501(C)(3)	556,718.	0.			RWANDA USAID BCSM GEN MGMT
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	211,888.	0.			BENIN HIV/AIDS PROGRAM
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	16,327.	0.			KENYA APHIA-II SUB JHPIEGO
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	24,055.	0.			MAD USAID SM CHILD SURV & MH
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	24,589.	0.			MAD USAID SM FAMILY PLANNING
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	16,892.	0.			MAD USAID SM HIV/AIDS
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	41,374.	0.			MAD USAID SM MALARIA
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET NO C020 BALTIMORE, MD 21218	52-0595110	501(C)(3)	125,417.	0.			REGNL GATES MC JHPIEGO SUB

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
KIMETRICA LLC 2020 PENNSYLVANIA AVE, NW, #715 WASHINGTON, DC 20006	20-5000444		38,269.	0.			MALAWI USAID DSTRB&MGT OF LLIN
MARIE STOPES INTERNATIONAL 1 CONWAY STREET, FITZROY SQUARE LONDON, UNITED KINGDOM W1T 6LP	54-1901882	501(C)(3)	19,948.	0.			REGNL GATES MC MSI SUB
MEDICAL CARE DEVELOPMENT INC. 11 PARKWOOD DR AUGUSTA, ME 04330	01-6022787	501(C)(3)	163,129.	0.			MAD USAID SM CHILD SURV & MH
MEDICAL CARE DEVELOPMENT INC. 11 PARKWOOD DR AUGUSTA, ME 04330	01-6022787	501(C)(3)	163,425.	0.			MADAGASCAR GF 3315 PH2
MEDICAL CARE DEVELOPMENT INC. 11 PARKWOOD DR AUGUSTA, ME 04330	01-6022787	501(C)(3)	11,753.	0.			MADAGASCAR GF VII MALARIA BCC
MEDICAL CARE DEVELOPMENT INC. 11 PARKWOOD DR AUGUSTA, ME 04330	01-6022787	501(C)(3)	83,847.	0.			MADAGASCAR GF VII MALARIA HHS
INTERNATIONAL RESCUE COMMITTEE, INC. (IRC) - 122 EAST 42ND STREET - NEW YORK, NY 10168	13-5660870	501(C)(3)	1,191,230.	0.			SUDAN GLOBAL FUND RD 7 MAL PH2
PACT, INC. 1828 L ST, SUITE 300, NW WASHINGTON, DC 20036	13-2702768	501(C)(3)	660,232.	0.			MALAWI USAID EBT OUTPUT 2
PACT, INC. 1828 L ST, SUITE 300, NW WASHINGTON, DC 20036	13-2702768	501(C)(3)	660,232.	0.			MALAWI USAID EBT OUTPUT 4

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
PACT, INC. 1828 L ST, SUITE 300, NW WASHINGTON, DC 20036	13-2702768	501(C)(3)	63,696.	0.			RGNL SE ASIA USAID HIV REGIONA
PACT, INC. 1828 L ST, SUITE 300, NW WASHINGTON, DC 20036	13-2702768	501(C)(3)	7,009.	0.			RGNL SE ASIA USAID TB REGIONAL
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	26,127.	0.			LAD TANZANIA
PATHFINDER INTERNATIONAL 9 GALEN STREET, SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	148,924.	0.			MOZ HIV PREVENTION FOR MARPS
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA, 9TH FL NEW YORK, NY 10017	13-1687001	501(C)(3)	85,617.	0.			ETHIOPIA AIDSTAR POPCOUNCL SUB
POPULATION COUNCIL ONE DAG HAMMARSKJOLD PLAZA, 9TH FL NEW YORK, NY 10017	13-1687001	501(C)(3)	1,787,097.	0.			REGIONAL GATES MC POPCOUNCIL
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	222,076.	0.			CENTRAL ASIA - HOP - KG TB
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	43,041.	0.			CENTRAL ASIA - HOP - KZ HIV
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	344,501.	0.			CENTRAL ASIA - HOP - KZ TB

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)	265,740.	0.			CENTRAL ASIA - HOP - TJ TB
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	521,802.	0.			CENTRAL ASIA - HOP - UZ HIV
PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501(C)(3)	285,617.	0.			CENTRAL ASIA - HOP - UZ TB
SAVE THE CHILDREN FEDERATION, INC. 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(C)(3)	6,425.	0.			RGNL SE ASIA USAID BCC MEKONG
SAVE THE CHILDREN FEDERATION, INC. 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501(C)(3)	33,936.	0.			RGNL SE ASIA USAID HIV REGIONA
SOCIAL IMPACT INC 4312 MAIN ST, APT 406 PHILADELPHIA, PA 19127	27-4002976		38,488.	0.			CONGO AIDSTAR ADVANCING SM FP
SOCIAL IMPACT INC 4312 MAIN ST, APT 406 PHILADELPHIA, PA 19127	27-4002976		73,670.	0.			CONGO AIDSTAR ADVANCING SM HIV
SOCIAL IMPACT INC 4312 MAIN ST, APT 406 PHILADELPHIA, PA 19127	27-4002976		30,121.	0.			CONGO AIDSTAR ADVANCING SM MCH
SOCIAL IMPACT INC 4312 MAIN ST, APT 406 PHILADELPHIA, PA 19127	27-4002976		31,795.	0.			CONGO AIDSTAR ADVANCING SM WTR

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 V

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

2011

**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.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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

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

4 During the year, did any person listed 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?

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

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) 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?

b Any related organization?

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?

b Any related organization?

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

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

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

Yes No

1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KARL HOFMANN	(i)	317,917.	55,000.	408.	26,950.	22,978.	423,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PETER CLANCY	(i)	283,220.	45,000.	774.	26,950.	22,145.	378,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 KIM SCHWARTZ	(i)	258,920.	35,000.	774.	26,950.	17,743.	339,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 STEVE CHAPMAN	(i)	227,598.	35,000.	270.	25,036.	811.	288,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SALLY COWAL	(i)	219,719.	30,000.	1,219.	23,575.	811.	275,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KATHLYN ROBERTS	(i)	261,543.	25,000.	1,180.	26,950.	4,377.	319,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 BARRY WHITTLE	(i)	165,886.	18,430.	98,480.	8,600.	10,030.	301,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CHASTAIN FITZGERALD	(i)	234,390.	25,000.	270.	25,783.	17,742.	303,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 DESMIOND CHAVASSE	(i)	165,186.	35,000.	56,899.	8,225.	11,013.	276,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DAVID REENE	(i)	172,001.	15,000.	51,045.	8,277.	10,030.	256,353.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DOUGLAS CALL	(i)	154,283.	45,000.	180.	17,337.	17,743.	234,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 LISA SIMUTAMI	(i)	152,806.	28,411.	666.	16,068.	17,743.	215,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 MOUSSA ABBO	(i)	157,607.	15,000.	408.	16,861.	17,742.	207,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 BRIAN SMITH	(i)	146,070.	20,000.	270.	16,809.	17,743.	200,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 DAVID WALKER	(i)	160,377.	10,000.	157,284.	7,992.	10,030.	345,683.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 ANDREW BONER	(i)	127,204.	5,500.	120,505.	11,821.	10,030.	275,060.	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANA WARD	(i)	98,570.	5,000.	126,368.	4,921.	10,030.	244,889.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DENNIS WALTO	(i)	99,984.	0.	126,710.	4,560.	10,030.	241,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CYNTHIA L. ROBINSON	(i)	112,666.	3,500.	102,784.	5,598.	10,030.	234,578.	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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.

SCHEDULE J, PART II, COLUMN (III): OTHER REPORTABLE COMPENSATION INCLUDES

HOUSING AND EDUCATIONAL ALLOWANCES, DANGER PAY, POST ALLOWANCE AND POST

DIFFERENTIAL. THESE COSTS APPLY TO THOSE EMPLOYEES LISTED ON SCHEDULE J,

WHO ARE BASED OVERSEAS.

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 VI.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization

POPULATION SERVICES INTERNATIONAL

Employer identification number
56-0942853

Part I Bond Issues SEE PART VI 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	28,200,000.							
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 If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 government		%		%		%		%
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 government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
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 guaranteed investment contract (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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

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

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2011**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 ► (<u>COMMODITIES</u>)	X	3	48,306,261.	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?

	Yes	No
30a		X
31		X
32a		X
33		

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.

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

Schedule M (Form 990) (2011)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): DESCRIPTION OF LINE 25 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

2011

Open to Public
Inspection

Name of the organization

POPULATION SERVICES INTERNATIONAL

Employer identification number

56-0942853

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

(CONTINUED FROM PART III) 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, DESCRIPTION OF PROGRAM SERVICE:

(CONTINUED FROM FORM 990, PART III)

IN ADDITION TO PSI'S BRANCH OFFICES AND LOCAL AFFILIATES IT PARTNERS

WITH HUNDREDS OF LOCAL PARTNERS AND GOVERNMENTS TO MEET THE HEALTH

NEEDS OF THE RESPECTIVE LOCAL POPULATIONS. PSI HEALTH MODEL IS TO

PROVIDE NEEDED HEALTH PRODUCTS AT SUBSIDIZED PRICES OR FREE PRODUCTS,

IN COMBINATION WITH APPROPRIATE BEHAVIOR CHANGE COMMUNICATION AND

TRAINING TO HELP ENSURE THAT PEOPLE UNDERSTAND AND CAN APPROPRIATELY

USE THE NEEDED PRODUCTS. PSI ALSO WORKS TO STRENGTHEN THE NATURAL

DELIVERY MODELS WITHIN EACH COUNTRY TO PROVIDE LASTING AND SUSTAINABLE

HEALTH IMPROVEMENTS.

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,

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

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

MALAWI, MALI, MEXICO, MOZAMBIQUE,

BURMA, NEPAL, NICARAGUA, NIGERIA,

PAKISTAN, PANAMA, PAPUA NEW GUINEA, PARAGUAY,

RUSSIA, RWANDA, SOMALIA, SOUTH AFRICA,

SUDAN, SWAZILAND, TANZANIA, THAILAND,

TOGO, UGANDA, VIETNAM,

ZAMBIA, ZIMBABWE

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. THE

EXECUTIVE COMMITTEE OF THE GOVERNING BODY IS ABLE TO SPEAK DIRECTLY WITH

THE PREPARER TO HAVE ANY QUESTIONS OR CONCERNS ANSWERED. THE EXECUTIVE

COMMITTEE AUTHORIZES THAT THE FILINGS BE FINALIZED AND SUBMITTED TO THE

INTERNAL REVENUE SERVICE.

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

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 ADDITIONAL FACTORS INCLUDING SKILLS NEEDED FOR THE POSITION. THE

BOARD THEN VOTES AND APPROVES THE LEVEL OF COMPENSATION FOR THE CEO. THE

CEO CONSULTS WITH THE BOARD ON COMPENSATION FOR OTHER KEY EMPLOYEES.

THE ORGANIZATION MAINTAINS AN INCENTIVE COMPENSATION POLICY AS A MEANS OF

Name of the organization	POPULATION SERVICES INTERNATIONAL	Employer identification number	56-0942853
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REWARDING EMPLOYEES IN THEIR ACHIEVING INDIVIDUAL AND ORGANIZATIONAL GOALS.

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:

AL, AK, AZ, CA, CT, DC, FL, GA, IL, KS, KY, LA, MD, MA, MI, MN, MS, MO, NC, ND, NH, NJ, NM, NY, 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:

PRIOR PERIOD ADJUSTMENTS: 6,053,540.

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

2011
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 1120 19TH STREET, NW WASHINGTON, DC 20036	COMMERCIAL RENTAL REAL ESTATE	DISTRICT OF COLUMBIA	2,396,987.	48,610,802.	POPULATION SERVICES INTERNATIONAL

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 1296 MARBLE CONE DR. BELIZE CITY, BELIZE	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	BELIZE			POPULATION SERVICES INTERNATIONAL		X
ASSOCIATION BENINOISE POUR LE MARKETING SOCIAL (ABMS) - BENIN, B.P. 08-0876 TRI POSTAL COTONOU R.B.,, COTONOU, BENIN	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	BENIN (DAHOMAY)			POPULATION SERVICES INTERNATIONAL		X
PSI/BOTSWANA KGALE MEWS UNIT 13 GABORONE, BOTSWANA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	BOTSWANA			POPULATION SERVICES INTERNATIONAL		X
ASSOCIATION CAMEROUNAISE POUR LE MARKETING SOCIAL (ACMS) - CAMEROON, BP 14025 MBALLA II FACE DRAGAGES, YAOUNDE, CAMEROON	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	CAMEROON			POPULATION SERVICES INTERNATIONAL		X

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

Schedule R (Form 990) 2011

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.			POPULATION SERVICES INTERNATIONAL		X
PSI/HAITI 157 RUE L'OUVERTURE PETION-VILLE, HAITI	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	HAITI			POPULATION SERVICES INTERNATIONAL		X
PSI/INDIA DLF CYBER CITY BUILDING NO. 10, TOWER A, 4TH GURGAON (HARYANA), INDIA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	INDIA			POPULATION SERVICES INTERNATIONAL		X
PSI/KENYA 2ND FLOOR, WING B, JUMUIA PLACE, LENANA ROAD NAIROBI, KENYA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	KENYA			POPULATION SERVICES INTERNATIONAL		X
PSI/MADAGASCAR BP 7748 ANTANANARIVO, MADAGASCAR	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	MADAGASCAR			POPULATION SERVICES INTERNATIONAL		X
PSI/MALAWI WESTBURY HOUSE PLOT NY 312 BLANTYRE, MALAWI	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	MALAWI			POPULATION SERVICES INTERNATIONAL		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			POPULATION SERVICES INTERNATIONAL		X
THE SOCIETY FOR FAMILY HEALTH - NIGERIA 8 PORT HARCOURT CRESCENT ABUJA, NIGERIA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	NIGERIA			POPULATION SERVICES INTERNATIONAL		X
SOCIETY FOR FAMILY HEALTH - SOUTH AFRICA 8 HILLSIDE ROAD JOHANNESBURG, SOUTH AFRICA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	SOUTH AFRICA			POPULATION SERVICES INTERNATIONAL		X
CENTER FOR SOCIAL DEVELOPMENT & INFORMATION - RUSSIA, LENINGRADSKY PROPEKT 68, BUILDING 16, MOSCOW, RUSSIA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	RUSSIA			POPULATION SERVICES INTERNATIONAL		X
PSI/TANZANIA P.O. BOX 33500 DAR ES SALAAM, TANZANIA	SOCIAL MARKETING OF HEALTH-RELATED PRODUCTS AND SERVICES	TANZANIA			POPULATION SERVICES INTERNATIONAL		X

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	SOCIAL MARKETING OF		POPULATION				
PRIMERA CALLE PONIENTE Y 51 AVENIDA NORTE, NO. 2723	HEALTH-RELATED	EL	SERVICES				
SAN SALVADOR, EL SALVADOR	PRODUCTS AND SERVICES	SALVADOR	INTERNATIONAL	C CORP	2,267,819.	488,253.	99.48%
ASOCIACION PANAMERICANA DE MERCADEO SOCIAL	SOCIAL MARKETING OF		POPULATION				
5 AVENIDA 15-45 ZONA 10	HEALTH-RELATED		SERVICES				
GUATEMALA CITY, GUATEMALA	PRODUCTS AND SERVICES	GUATEMALA	INTERNATIONAL	C CORP	3,640,837.	88,399.	99.98%
ASOCIACION PANAMERICANA DE MERCADEO SOCIAL	SOCIAL MARKETING OF		POPULATION				
COLONIA CASTANOS BLOQUE #3 CASA N. 2702	HEALTH-RELATED		SERVICES				
TEGUCIGALPA, HONDURAS	PRODUCTS AND SERVICES	HONDURAS	INTERNATIONAL	C CORP	245,539.	-268,104.	83.18%
ASOCIACION PANAMERICANA DE MERCADEO SOCIAL	SOCIAL MARKETING OF		POPULATION				
CARRETERA MASAYA KM 10 1/4	HEALTH-RELATED		SERVICES				
MANAGUA, NICARAGUA	PRODUCTS AND SERVICES	NICARAGUA	INTERNATIONAL	C CORP	3,043,458.	635,039.	99.98%
PROYECTOS EN SALUD INTEGRAL (PSI) SOCIEDAD ANONIMA	SOCIAL MARKETING OF		POPULATION				
EDIFICIO 3335 EN BARRIO ESCALANTE	HEALTH-RELATED	COSTA	SERVICES				
SAN JOSE, COSTA RICA	PRODUCTS AND SERVICES	RICA	INTERNATIONAL	C CORP	405,648.	149,499.	99.98%

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		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)	X	
r Other transfer of cash or property from related organization(s)		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	207,872.FMV	
(2) ASSOCIATION BENINOISE POUR LE MARKETING SOCIAL (ABMS) - BENIN	Q	3,739,968.FMV	
(3) PSI/BOTSWANA	Q	1,959,027.FMV	
ASSOCIATION CAMEROUNAISE POUR LE MARKETING SOCIAL (ACMS) -			
(4) CAMEROON	Q	2,457,799.FMV	
ASSOCIATION CENTRAFRICAINE POUR LE MARKETING SOCIAL (ACAMS) -			
(5) CAR	Q	101,283.FMV	
(6) GUATEMALA - REGIONAL OFFICE	Q	1,662,890.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)PSI/HAITI	Q	7,968,579.	FMV
(8)PSI/INDIA	Q	8,505,879.	FMV
(9)PSI/KENYA	Q	19,134,202.	FMV
(10)PSI/MADAGASCAR	Q	11,347,359.	FMV
(11)PSI/MALAWI	Q	3,633,076.	FMV
(12)POPULATION SERVICES INTERNATIONAL PSI, A.C. - MEXICO	Q	1,266,825.	FMV
(13)THE SOCIETY FOR FAMILY HEALTH - NIGERIA	Q	7,200,000.	FMV
(14)SOCIETY FOR FAMILY HEALTH - SOUTH AFRICA	Q	3,318,950.	FMV
(15)CENTER FOR SOCIAL DEVELOPMENT & INFORMATION - RUSSIA	Q	2,705,449.	FMV
(16)PSI/TANZANIA	Q	12,617,450.	FMV
(17)Q.HOUSE - THAILAND	Q	2,127,260.	FMV
(18)PSI/TOGO - ATMS	Q	3,641,545.	FMV
(19)PACE - UGANDA	Q	2,692,707.	FMV
(20)SOCIETY FOR PUBLIC HEALTH (SFH) - ZAMBIA	Q	10,716,881.	FMV
(21)PSI/ZIMBABWE	Q	15,941,561.	FMV
(22)ASOCIACION PANAMERICANA DE MERCADEO SOCIAL - EL SALVADOR	Q	1,885,114.	FMV
(23)ASOCIACION PANAMERICANA DE MERCADEO SOCIAL - GUATEMALA	Q	835,035.	FMV
(24)ASOCIACION PANAMERICANA DE MERCADEO SOCIAL - HONDURAS	Q	135,000.	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 - NICARAGUA	Q	2,181,685.	FMV
(8) PSI/LESOTHO	Q	2,782,625.	FMV
(9) PSI/SWAZILAND	Q	5,252,092.	FMV
(10) PROYECTOS EN SALUD INTEGRAL (PSI) SOCIEDAD ANONIMA - COSTA RICA	Q	118,960.	FMV
(11) THE SOCIETY FOR FAMILY HEALTH - NIGERIA	B	4,900,000.	FMV
(12) SOCIAL MARKETING ASSOCIATION - NAMIBIA	B	2,100,000.	FMV
(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).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**NAME AND ADDRESS OF RELATED ORGANIZATION:**

ASSOCIATION BENINOISE POUR LE MARKETING SOCIAL (ABMS) -

BENIN

B.P. 08-0876 TRI POSTAL COTONOU R.B,

COTONOU, BENIN (DAHOMEY)

NAME AND ADDRESS OF RELATED ORGANIZATION:

ASSOCIATION CENTRAFRICAINE POUR LE MARKETING SOCIAL (ACAMS)

- CAR

BP 127, AVENUE DE L'INDEPENDENCE, DERRIERE RADIO

BANGUI, CENTRAL AFRICAN REP.