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

OMB No 1545-0047

Department of the *Yeasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For tr	e 2014 calendar year, or tax year beginninga	and ending				
В	Check If applicab	C Name of organization		D Employer identifi	cation number		
	Addr	POPULATION CONNECTION					
	Name			94-1	703155		
	Initial returr	Number and street (or P 0. box if mail is not delivered to street address)	Room/sui	te E Telephone numbe	Telephone number		
	Final	2120 L STREET, NW	500	(202	202)332-2200		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,683,662.		
	Amer	WASHINGTON, DC 20037-1334		H(a) Is this a group r			
	tion	F Name and address of principal officer DOTTN SEAGER		for subordinates	s? Yes X No		
	pend	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No		
		empt status X 501(c)(3) 501(c)()◀ (insert no) 4947(a))(1) or 5	27 If "No," attach a	list (see instructions)		
		te: ► WWW.POPULATIONCONNECTION.ORG		H(c) Group exemption			
		forganization: X Corporation Trust Association Other	L Ye	ar of formation: 1968 i	M State of legal domicile: DC		
P	art I	Summary					
AININED OFF 7 7 2915e	1	Briefly describe the organization's mission or most significant activities SEI	E PART	III, LINE 1.			
CE.	2	Check this box ▶ ☐ if the organization discontinued its operations or dis	sposed of me	ore than 25% of its net a	ssets		
% [™]	3	Number of voting members of the governing body (Part VI, line 1a)		3	13		
<i>©⊸</i> 7	4	Number of independent voting members of the governing body (Part VI, line 1	1 b)	4	13		
es E	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	34		
ΣΞ	6	Total number of volunteers (estimate if necessary)		6	800		
ٷۣ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.		
<u>بر</u>	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
2			-	Prior Year	Current Year		
₹ } }	8	Contributions and grants (Part VIII, line 1h)	-	5,548,499.	10,868,301.		
ゟ゙゠゙	9	Program service revenue (Part VIII, line 2g)	-	0.			
うし Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	}	62,962.	26,829.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,190.			
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 1	5,632,651.	10,951,499.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	100,000.	2,164,164.		
	14	Benefits paid to or for members (Party), column (A), line 4)		0.	0.		
Expenses	15	Salarie sother (column (A), lines 5	10)	1,621,827.			
en	16a	Professional fundraising fees (Part Molumn (A), line 11e)	,124.	62,616.	29,400.		
Ä	b	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,144.	2,555,186.	2,669,952.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	F	4,339,629.			
	18		<u> </u>	1,293,022.			
700	19	Revenue less expenses Subtract line 18 from line 12		Beginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)	-	4,281,217.	9,327,945.		
ASS	21	Total liabilities (Part X, line 16)	F	611,931.	1,312,647.		
Net	22	Net assets or fund balances Subtract line 21 from line 20	F	3,669,286.	8,015,298.		
	art II	Signature Block		3700272000	0/010/2501		
		alties of perjury, I declare that I have examined this return, including accompanying sche	dules and state	ements, and to the best of n	ny knowledge and belief, it is		
		ct, and complete Declaration of preparer (other than officer) is based on all information of			-		
	,,	0/		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	lis		
Sig	ın	Signature of officer		Date	. L. =		
He		JOHN SEAGER, PRESIDENT & CEO					
		Type or print name and title					
		Print/Type preparer's name Pregarer's Aignature	- ^ ^	Date Check	PJIN		
Pai	d	DAVID F. GRALING CPA Dawl F. Hank	CPA	8-19-15 If sett-emplo	yed P 00366995		
Pre	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008		
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650	N				
		BETHESDA, MD 20814-2930		Phone no (3	01) 951-9090		
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

	1990 (2014) POPULATION CONNECTION 94-1/03155	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	\mathbf{x}
1	Briefly describe the organization's mission	
	OVERPOPULATION THREATENS THE QUALITY OF LIFE FOR PEOPLE EVERYWHERE.	
	POPULATION CONNECTION IS THE NATIONAL GRASSROOTS POPULATION	
	ORGANIZATION THAT EDUCATES YOUNG PEOPLE AND ADVOCATES PROGRESSIVE	
	ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAIN	ED
2	Did the organization undertake any significant program services during the year which were not listed on	
		X 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?	X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
		anu
4-	revenue, if any, for each program service reported	
4a	/ / / / / / / / / / / / / / / / / / /)
	GOVERNMENT RELATIONS: TO INFORM CONGRESS AND THE ADMINISTRATION ABO	
	POPULATION ISSUES AND TO ADVOCATE THE ADOPTION OF MEASURES TO MOVE	THE
	UNITED STATES AND THE WORLD TOWARDS STABILIZING POPULATION; TO	
	INFLUENCE POPULATION-RELATED LEGISLATION; TO MOBILIZE MEMBERS TO TA	KE
	ACTION ON PENDING LEGISLATION.	
4b	(Code) (Expenses \$1, 312, 520 • including grants of \$) (Revenue \$)
	COMMUNICATIONS: TO KEEP POPULATION CONNECTION MEMBERS, PUBLIC	
	OFFICIALS, MEDIA REPRESENTATIVES AND OTHERS UP-TO-DATE ON U.S. AND	
	GLOBAL POPULATION ISSUES.	
	CLOBILL TOTOLITION IDDOLD:	
	2014 HTGH TGUMG TWG HDD	
	2014 HIGHLIGHTS INCLUDE:	
	- HAD A REPRESENTATIVE AT THE POPULATION ASSOCIATION OF AMERICA ANN	UAL
	CONFERENCE, HELD IN BOSTON IN MAY 2014.	
	- DESIGNED A NEW WWW.POPULATIONCONNECTION.ORG WEBSITE OVER THE COUR	SE
	OF 2014, WHICH WENT LIVE EARLY IN 2015.	
	- COMMISSIONED OVER A DOZEN AUTHORS TO WRITE CHAPTERS FOR OUR UPCOM	ING
	ANTHOLOGY, THE GOOD CRISIS.	
	- PUBLISHED FOUR ISSUES OF POPULATION CONNECTION MAGAZINE, FOCUSING	ON
40	(Code) (Expenses \$1,192,231. including grants of \$863,364.) (Revenue \$	
70		,
	FIELD AND OUTREACH: TO ASSIST THE POPULATION CONNECTION ACTIVISTS	
	NATIONWIDE IN BUILDING AND SUSTAINING STATE AND LOCAL EDUCATIONAL,	
	MEDIA AND LOBBYING EFFORTS ON BEHALF OF POPULATION CONNECTION THROU	
	ORGANIZING AND PROVIDING TRAINING, TECHNICAL ASSISTANCE AND FUNDING	•
	REPRESENT POPULATION CONNECTION IN COALITIONS FOCUSED ON GRASSROOTS	
	ACTION AND AT PUBLIC PRESENTATIONS AND EXHIBITIONS AS NEEDED.	
	2014 UTCHITCHE TMCLIDE.	
	2014 HIGHLIGHTS INCLUDE:	
	- EXPANDED OUR OUTREACH PROGRAM TARGETING COLLEGE CAMPUSES AND LOCA	<u> </u>
	GROUPS ALL OVER THE UNITED STATES, FROM SEATTLE TO COLORADO TO NEW	
	HAMPSHIRE, TO RAISE AWARENESS AND TAKE ACTION ON ISSUES RELATED TO	
	POPULATION GROWTH AND WOMEN'S EMPOWERMENT.	
4d	Other program services (Describe in Schedule O)	
-	(Expenses \$ 1,686,938 · including grants of \$ 5,800 ·) (Revenue \$ -6,891 ·)	
40	Total program service expenses ► 5,825,519.	
10		00 (001.1)
32002		90 (2014)
1-07-	SEE SCHEDULE O FOR CONTINUATION(S)	

Form 990 (2014) POPULATION C
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		٠,	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
a	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		^
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11-		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		^
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
		Form	990	(2014)

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	•		res	INO
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		Λ
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		Λ
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	_34	<u>X</u>	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u>X</u>	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
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? If "Yes," complete Schedule R, Part VI	37_		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	.	
	Note. All Form 990 filers are required to complete Schedule O	38	990 ((001.1
		⊢orm	ココレ !	/1174

	Check if Schedule O contains a response or note to any line in this Part V				
_				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable	1a	31		
b	Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c	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	2a	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	<u>5b</u>	+	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886 T?		<u>5c</u>	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solici			٠,,
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
_	were not tax deductible?		6b	 	
7	Organizations that may receive deductible contributions under section 170(c).	wass provided to the p	20072		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sel If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices provided to the p	ayor? <u>7a</u> . 7b	+-	Α.
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ae required	. 76		
·	to file Form 8282?	as required	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	<u> </u>	7e		X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required	رار 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 109	8-C? 7h	Ĭ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the N/	A		1
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				1
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/	A <u>9b</u>	1	
10	Section 501(c)(7) organizations. Enter	1			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			İ
11	Section 501(c)(12) organizations. Enter	1			
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				ļ
	amounts due or received from them)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	12a	+	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	N/	Δ 12-	+	
a	Note. See the instructions for additional information the organization must report on Schedule O	14 /	A 13a	+	
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	 -	14a	1	х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		1
				m 990	(2014

POPULATION CONNECTION 94-1703155 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X	
<u>Sec</u>	tion A. Governing Body and Management						
			1		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13				
	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						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp 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	ne dire	ct 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 wa	as filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	ppoint	one or				
	more members of the governing body?			7a		Х	
b							
	persons other than the governing body?			7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following				
а	The governing body?		v	8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	e 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 c	hapter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore 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	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	officts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	Yes," d	escribe				
	ın Schedule O how this was done			12c	Х		
13	Did the organization have a written whistleblower policy?			13	Х		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	· ·					
а	The organization's CEO, Executive Director, or top management official			15a	Х		
b	Other officers or key employees of the organization			15b	Х		
	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 arrange	ment v	vith 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	ate its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic						
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure			_			
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE	0					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990		ion 501(c)(3)s only)	avaılab	le		
	for public inspection. Indicate how you made these available. Check all that apply	-	. ,. ,				
	X Own website Another's website X Upon request Other (explain	ın Sci	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	d finan	cial		
	statements available to the public during the tax year		,,,	=== -			
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records >				
	JOHN SEAGER - (202)332-2200		· . 				
	2120 L STREET, NW, SUITE 500, WASHINGTON, DC 2003	37					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

X

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 n	or any related	orga	anıza			npei	nsat	ted any current officer, o	director, or trustee	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	оле	Reportable	Reportable	Estimated
	hours per					s bot		compensation	compensation	amount of
	week	-	T	1020	I			from	from related	other
	(list any hours for	direct		İ		_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee	ŀ		nsate		(W-2/1099 MISC)	(11 27 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				and related
	below	viđual	tutio	ية	Key emptoyee	est c	<u>ن</u> و			organizations
	line)	ılı	Insti	Officer	Key	王	Former			
(1) J. JOSEPH SPEIDEL	2.00									
CHAIR	ļ	Х	_	X				0.	0.	0.
(2) JO LYNNE WHITING	2.00									
VICE CHAIR		X	<u> </u>	X				0.	0.	0.
(3) STACEY YOUNG	2.00									
VICE CHAIR		X	<u> </u>	X	<u> </u>		ļ	0.	0.	0.
(4) BOB MUSIL	2.00									
TREASURER	1.00	X		Х		<u> </u>		0.	0.	0.
(5) HANIA ZLOTNIK	2.00									
SECRETARY		X		X				0.	0.	0.
(6) TOM SAWYER	2.00									
BOARD MEMBER_		X					<u> </u>	0.	0.	0.
(7) DUFF G. GILLESPIE	2.00									
BOARD MEMBER		X	<u> </u>			_		0.	0.	0.
(8) CAROL ANN KELL	2.00									
BOARD MEMBER	1.00	X	<u> </u>	L	<u> </u>			0.	0.	0.
(9) ANNA LOGAN LAWSON	2.00				ļ			_	_	_
BOARD MEMBER		X						0.	0.	0.
(10) SACHEEN CARR-ELLIS	2.00				Ì				_	_
BOARD MEMBER		X						0.	0.	0.
(11) DARA E. PURVIS	2.00								_	
BOARD MEMBER		X			ļ		<u> </u>	0.	0.	0,
(12) ESTELLE M. RABONI	2.00									
BOARD MEMBER		X						0.	0.	0.
(13) CAROL VLASSOFF	2.00									
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(14) JOHN SEAGER	27.50									
PRESIDENT & CEO	10.00			Х				150,381.	0.	14,903.
(15) BRIAN E. DIXON	27.50									
SR. V.P. FOR MEDIA & GOV. RELATIONS	10.00	ļ	<u> </u>			Х		136,808.	0.	12,166.
(16) PAMELA WASSERMAN	37.50									
SR. V.P. FOR EDUCATION						X		132,044.	0.	12,493.
(17) MARIA OROZCO-MARQUEZ	27.50									
DIRECTOR OF ADMINISTRATION & CFO	10.00					X		106,774.	0.	10,591.
432007 11-07-14										Form 990 (2014)

432007 11-07-14

Part VII Section A. Officers, Directors, Tru	•	ploy	ees			ghe	st C	Compensated Employee	es (continued)	-			
. (A)	(B)	İ		•	C)	_		(D)	(E)			(F)	
Name and title	Average	(do not check		Position one than one			one	Reportable	Reportable			tımate	
•	hours per week		, unle cer an					· · ·	compensatio			nount	of
	(list any	_			T		1	from the	from related	1		other	tion
	hours for	direct						organization	organization (W-2/1099-MIS			pensa om th	
	related	, e o	ste			sate		(W-2/1099-MISC)	(** 27 1000 14110	,		anızat	
	organizations	truste	al fr		yee	ad m		(** =/ *********************************			_	d relat	
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co	, ₅				orga	anızatı	ons
	line)	Indiv	Instil	Officer	Key e	Highest compensated employee	Former						
(18) SHAUNA SCHERER	27.50												
V.P. FOR MARKETING & DEVELOPMENT	10.00					X	L	112,123.		0.	1	1,1	07.
						<u> </u>							
							İ						
]											
		1											
													_
		İ											
	· · · · · · · · · · · · · · · · · · ·	1											
					ļ —		1						
		İ								1			
1b Sub-total	•	_						638,130.		0.	6	1.2	60.
c Total from continuation sheets to Part \	/II. Section A						•	0.		0.	<u>`</u>		0.
d Total (add lines 1b and 1c)	, 000							638,130.		0.	- 6	1.2	60.
Total number of individuals (including but	not limited to th	nse	liste	ed a	bov	e) w	ho r	<u> </u>	000 of reportab		<u>`</u>	=	<u></u>
compensation from the organization	riot illinitod to ti	.000		, u		o,		coorrect more than \$100	,coo oi roportab	.0			5
Sompendation the organization			_									Yes	No
3 Did the organization list any former office	director or tri	ister	e ke	W er	mple	.vee	or	highest compensated e	mnlovee on	ſ			
line 1a? If "Yes," complete Schedule J for		1010	o, ito	, y Cı	ripic	Jycc	, 0.	riigilest compensated et	ripioyee on		3		х
4 For any individual listed on line 1a, is the s		le co	mn	one:	ation	າລກ	d ot	her compensation from :	he organization	ŀ			-23
and related organizations greater than \$15	•							•	ine organization		4	Х	
5 Did any person listed on line 1a receive or									dual for convece	ŀ			
rendered to the organization? If "Yes," con	•				-		eia	ted organization of indivi	dual for services		5		х
Section B. Independent Contractors	ripiete Scriedui	5 	UI SI	ucn	pers	3011							
	omponented in	4000						that recoved more than	\$100,000 of oom	20000	ation f	rom	
1 Complete this table for your five highest c	•									ibense	ation i	10111	
the organization Report compensation fo	the calendar y	ear	enai	ng v	vitri	Or W	/RETTI		rear				
(A) Name and busines	s address							(B) Description of s	ervices	C	Ompe	;} nsatio	n
		TITLE	<u> </u>	7.00							pe		
MAL WARWICK ASSOCIATES,		N T.I	1 2	Э T.	•			DATA SEG., R	· 1		27	4 ၁	2.4
SUITE 103, BERKELEY, CA	74/IU							MRKTING & DI			<u> 3 /</u>	4,4	<u>24.</u>
PETER CAGGIANO								IT EQUIPMENT	ά (

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MAL WARWICK ASSOCIATES, 2550 NINTH ST.	DATA SEG., REPORT.,	
SUITE 103, BERKELEY, CA 94710	MRKTING & DIR. MAIL	374,224.
PETER CAGGIANO	IT EQUIPMENT &	
PO BOX 6122, ALEXANDRIA, VA 22306	SERVICES	230,953.
BLACKBAUD INC.	DATABASE HOSTING &	
PO BOX 930256, ATLANTA, GA 31193	EQUIPMENT/SOFTWARE	166,695.
DIXON HUGHES GOODMAN LLP		
500 RIDGEFIELD CT., ASHEVILLE, NC 28806	ACCOUNTING	101,207.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization	<u>_</u>	

Form 990 (2014) POPULAT
Part VIII Statement of Revenue

		. Check if Schedule O cont	ains a respon:	se or note to any lini	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					0.2 0
E S		Membership dues	1b	833.077.				
S E		Fundraising events	1c	000,077.		,		
art.		Related organizations	1d					
S, E		Government grants (contribut	 					
2 S		All other contributions, gifts, gran						
Per la		similar amounts not included abo	1 1	10,035,224,				
들이	a	Noncash contributions included in lines		138,808.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a 1f		<u> </u>	10.868.301.			
	-			Business Code				
<u>е</u>	2 a							
اه کِ	b							
Series	С							
Program Service Revenue	d							
	е							
<u>-</u>	f	All other program service reve	nue					
\Box	g	Total. Add lines 2a-2f						
	3	Investment income (including	dıvıdends, ınt	erest, and				
		other similar amounts)		▶	26,284.			26,284.
	4	Income from investment of tax	x exempt bon	d proceeds 🕨				
	5	Royalties		•	63,260.			63,260.
			(ı) Real	(ii) Personal				
	6 a	Gross rents						1
	b	Less rental expenses						
i	С	Rental income or (loss)						
	d	Net rental income or (loss)		▶				
	7 a	Gross amount from sales of	(ı) Securitie	s (II) Other				
		assets other than inventory	720,47	4.				
	b	Less cost or other basis						1
		and sales expenses	719,92	9.				
	С	Gain or (loss)	54	5.				
	d	Net gain or (loss)			545.	····		545.
ane l	8 a	Gross income from fundraising						
en		including \$	of					
Other Rever		contributions reported on line	1c) See					
ē		Part IV, line 18		a				
盲		Less direct expenses		b				
		Net income or (loss) from fund	•	s				
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19		a				
		Less direct expenses		b				
ŀ		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances		a 5,343.				1
ĺ		Less cost of goods sold		b 12,234.				
}	С	Net income or (loss) from sale			-6.891.	-6 891		
		Miscellaneous Revenu	<u>e</u>	Business Code				
	11 a			!			····	
	b			-				
	C	A.II II		-		<u> </u>		
		All other revenue		<u> </u>				
		Total. Add lines 11a-11d		P				
432009	12	Total revenue See instructions.		<u> </u>	10,951,499.	-6,891,		90 089. Form 990 (2014)
11-07-	14							romi 330 (2014)

Form 990 (2014) POPULATION CONNECTION Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respon		this Part IX	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	2,164,164.	2,164,164.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	165,284.	130,574.	9,917.	24,793
6	trustees, and key employees Compensation not included above, to disqualified	103,204.	130,374.	9,9110	24,175
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,372,543.	1,045,552.	102,435.	224,556.
8	Pension plan accruals and contributions (include	1,3,2,313.	1,013,0321	102/1331	221/330
Ŭ	section 401(k) and 403(b) employer contributions)	65,558.	50,011.	4,594.	10,953
9	Other employee benefits	85,211.	65,100.	5,935.	14,176
10	Payroll taxes	118,705.	89,470.	9,236.	19,999
11	Fees for services (non-employees)		, , , , ,		
а	Management				
b		5,304.	2,060.	2,659.	585
С	· .	121,910.	37,232.	76,058.	8,620
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	29,400.			29,400
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)	494,389.	451,046.	8,696.	34,647
12	Advertising and promotion	3,552.	3,392.		160
13	Office expenses	70,340.	52,327.	4,495.	13,518
14	Information technology	432,024.	375,983.	20,405.	35,636
15	Royalties				
16	Occupancy	248,764.	182,605.	18,306.	47,853
17	Travel	200,895.	161,067.	11,644.	28,184.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	20 504	20 222	2 050	C 400
22	Depreciation, depletion, and amortization	39,594.	30,322.	2,850.	6,422
23	Insurance	9,671.	7,803.	268.	1,600
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 0)				
а	POSTAGE AND DELIVERY	531,621.	515,319.	1,629.	14,673
b	PRINTING AND PRODUCTION	474,647.	436,470.	62.	38,115
С	DUES, LICENSES & TAXES	8,152.	-2,078.	489.	9,741
d	SUBSCRIPTIONS	6,085.	5,163.	159.	763
е	All other expenses	23,004.	21,937.	337.	730
25	Total functional expenses Add lines 1 through 24e	6,670,817.	5,825,519.	280,174.	565,124
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 X if following SOP 98-2 (ASC 958-720)	<u>886,305.</u>	<u>701,023.</u>	0.	185,282. Form 990 (2014)

	990 (: rt X	2014) POPULATION COI Balance Sheet	NNECTIO	N		94-	1/03155 Page 11
<u> </u> rai			to to any line	in this Part V			
	·	Check if Schedule O contains a response or no	ite to any line	III IIIS PAICX	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest bearing			1,729,035.	1	4,152,268.
	2	Savings and temporary cash investments			601,944.	2	2,470,092.
	3	Pledges and grants receivable, net		3,000.	3		
	4	Accounts receivable, net	674,617.	_	247,230.		
	5	Loans and other receivables from current and f	ormer officers	s, directors,			
,	1	trustees, key employees, and highest compens	ated employe	es Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqua					
		section 4958(f)(1)), persons described in sectio	n 4958(c)(3)(E	3), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9)	voluntary			
ţş.		employees' beneficiary organizations (see instr)	Complete P	art II of Sch L		6	
Assets	7	Notes and loans receivable, net		60,082.	7	60,000.	
Ÿ	8	Inventories for sale or use		11,574.	_ 8	18,767.	
	9	Prepaid expenses and deferred charges			<u> 127,079.</u>	9_	97,310.
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	552,325.			
	b	Less accumulated depreciation	347,683.	<u>98,018.</u>		204,642.	
	11	Investments - publicly traded securities		809,965.	11	1,728,541.	
	12	Investments - other securities See Part IV, line	_	107,284.	12	69,389.	
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets	-		14		
	15	Other assets See Part IV, line 11	-	58,619.	1	279,706.	
	16	Total assets. Add lines 1 through 15 (must equ	ual line 34)		4,281,217.	16	9,327,945.
	17	Accounts payable and accrued expenses		_	<u> 257,895.</u>	17	230,120.
	18	Grants payable	_		18		
	19	Deferred revenue	-		19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete				21	
ies	22	Loans and other payables to current and forme					
Ħ		key employees, highest compensated employe	es, and disqu	ialified persons			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unre	-			23_	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line Schedule D	S 17-24) Con	ipiete Part X 01	354,036.	25	1,082,527.
	26	Total liabilities. Add lines 17 through 25		-	611,931.	26	1,312,647.
	26_	Organizations that follow SFAS 117 (ASC 95	8) chack har	e ▶ X and	011,001.	20	1,312,017
ß		complete lines 27 through 29, and lines 33 a		CP LIL did			
če	27	Unrestricted net assets			3,628,286.	27	7,974,298.
alar	28	Temporarily restricted net assets	40,000.	28	40,000.		
Ä	29	Permanently restricted net assets		1,000.		1,000.	
Ĕ		Organizations that do not follow SFAS 117 (A	ASC 958), ch	eck here		T	
or F		and complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds	5			30	
SSE	31	Paid-in or capital surplus, or land, building, or e		d [31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			3,669,286.	33	8,015,298.

9,327,945. Form **990** (2014)

Total liabilities and net assets/fund balances

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete of the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

		POPU	LATION CON	NECTION				9	4-1703155			
Pa	ırt I	Reason for Public (Charity Status (/	All organizations must co	mplete th	ıs part) Se	e instructions					
Γhe	organ	zation is not a private found										
1		A church, convention of chi	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(ı).					
2		A school described in secti	on 170(b)(1)(A)(ıı). (Attach Schedule E)		, ,						
3		A hospital or a cooperative			ection 170	(b)(1)(A)(ii	n.					
4		A medical research organiza	· ·				•	(III). Enter	the hospital's name,			
	_	city, and state		, , , ,					,			
5		An organization operated for	r the benefit of a co	llege or university owner	d or operat	ted by a go	overnmental u	nıt describ	ed in			
•		section 170(b)(1)(A)(iv). (C		,,		, 3						
6				nental unit described in	section 17	70/b\/ 1\/ Δ \/	(v)					
	\mathbf{x}	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
'		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8				(1)(A)(vi) (Complete Par	F 11 A							
	Ħ	A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
9	ш	•	•	,	•			-	-			
		activities related to its exem										
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ired by trie or	janization	alter June 30, 1975			
		See section 509(a)(2). (Cor	· ·		f-4: O		201.3143					
10	H	An organization organized a	•	-	-				nurnassa of one or			
11		An organization organized a	•	=								
		more publicly supported org	=						neck the box in			
		lines 11a through 11d that o	· ·									
а		J Type I. A supporting orga	•	•								
		the supported organization	, ,		а тајопцу (or the direc	ctors or truste	es or the s	upporting			
		organization You must c	· ·					- (-) b b				
b		J Type II. A supporting org	•				-		=			
		control or management of			ame perso	ons that co	introl or mana	ge the sup	ропеа			
		organization(s) You mus	•									
С	· L_		-					ly integrate	ed with,			
	_	its supported organization		•	-	-	-					
d			•					-				
		that is not functionally int	-	• •	•		•	an attent	iveness			
	_	requirement (see instructi	•	•								
е		Check this box if the orga	inization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation						
f		er the number of supported o	-									
g	Prov	ride the following information	about the supporte	ed organization(s)	(ud la tha a		(.) ((w) Amount of			
	(Name of supported organization	(II) EIIV	(III) Type of organization (described on lines 1-9	listed i	n your	(v) Amount of support		(vi) Amount of other support (see			
		organization		above or IRC section		document?	Instructi	•	Instructions)			
				(see instructions))	Yes	No			,			
								İ				
			···									
				i								

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Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

(Form 990 or 990-EZ) 2014 POPULATION CONNECTION 94-1703155 Page 2 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 and the

(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)

Se	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and				•	, ,	
	membership fees received (Do not			1			
	ınclude any "unusual grants ")	3,026,408.	3,412,954.	3,949,421.	5 548 499.	10.868.301.	26.805.583.
2	Tax revenues levied for the organ-		, ,				•
	ization'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	3,026,408.	3 412 954.	3,949,421.	5,548,499.	10,868,301.	26,805,583.
5		3,020,100.	0,111,001,	3,312,122.	3,310,433.	10,000,301.	20,003,303.
·	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)						0 705 000
6	``					<u> </u>	9,725,020.
Se	Public support. Subtract line 5 from line 4 ction B. Total Support	<u>'l</u>					17 080 563.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	3,026,408.	3,412,954.	3,949,421.	5,548,499.	10 868 301	26,805,583.
8	Gross income from interest,	3,020,100.	0,112,551.	3,545,422.	3,340,425.	10,000,001.	20,003,505.
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	32,055.	26,504.	41,695.	81,325.	89,544.	271,123.
۵	Net income from unrelated business	32,033.	20,504.	41,000.	01,323.	07,544.	2/1/125.
9	activities, whether or not the						
	business is regularly carried on						
40	• ,						
10	Other income Do not include gain						
	or loss from the sale of capital	4 262	2 014	1.			6 277
	assets (Explain in Part VI)	4,262.	2,014.				6,277.
	Total support. Add lines 7 through 10					<u>.</u>	27,082,983.
	Gross receipts from related activities,	•	•			12	53,964.
13	First five years. If the Form 990 is for organization, check this box and stop	-	nrst, secona, thire	i, iourin, or illin tax	k year as a section	1 50 1(0)(3)	. □
Se	ction C. Computation of Publi		centage				<u> </u>
	Public support percentage for 2014 (I		-	olumn (fl)		14	63.07 %
	Public support percentage from 2013		•	olullin (i))	Ì	15	81.14 %
	33 1/3% support test - 2014. If the c	•	•	line 13 and line 1	l 1 is 33 1/30/ orm		
102	stop here. The organization qualifies	*		rillie 13, and line 1	4 15 33 1/3/8 01 11	iore, check this bo	× and ►X
	33 1/3% support test - 2013. If the o		-	no 13 or 16a and I	ino 15 ie 22 1/20/	or more, check th	
	, ,	-			iiile 13 is 33 1/3/0	or more, check in	▶ □
176	and stop here. The organization quali				10 160 or 16b o	and line 14 is 100/	or more
1/6	10% -facts-and-circumstances test	•			•		•
	and if the organization meets the "fac			•	· ·	t viriow the organ	ızation
	meets the "facts-and-circumstances"				_	7 11 45	100/
t	10% -facts-and-circumstances test	•				•	
	more, and if the organization meets the				•		. —
40	organization meets the "facts-and-circ		= -				
ıĸ	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	i, 100, 17a, 0r 17b,		nd see instructions dule A (Form 990	
					Sche	uuic A (FUIII 990	UI 33U-LL/2014

432022 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 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.)	

Se	ction A. Public Support	, p			- · · ·		
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per						
	formed, 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 bus						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5			-				
Ū	furnished by a governmental unit to	İ					
	the organization without charge						
6	Total. Add lines 1 through 5				 		-
	a Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received			· · · · · · · · · · · · · · · · · · ·			
•	from other than disqualified persons that	İ					
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b					-	
	Public support (Subtract line 7c from line 6) ction B. Total Support		}	<u> </u>	 		
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(a) 2010	(b) 2011	(6) 2012	(u) 2010	(6) 2014	(i) Total
_	Gross income from interest,	į					
100	dividends, payments received on		İ		-		
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						-
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		į				
	' '				 		
11	Add lines 10a and 10b Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income Do not include gain			ļ. 	-		
12	or loss from the sale of capital						
	assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)			<u> </u>			L
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here			-			> L
	ction C. Computation of Publ						
	Public support percentage for 2014 (I	. ,,		column (f))		15	<u>%</u>
	Public support percentage from 2013					16	%
	ction D. Computation of Inves		_				
	Investment income percentage for 20	•	•	ne 13, column (f))		17	%
18	Investment income percentage from 2	2013 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	e organization qual	ıfıes as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2013. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anızatıon qualıfıes	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□

Part IV | Supporting Organizations

(Gomplete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Supporting	

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
- organization was described in section 509(a)(1) or (2) 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- (b) and (c) below b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	,	Yes	No
	11		
	2		
	3a		
	<u></u>		
	3b		
	3с		
	4 a		
	4b		
	4c		
	5a		
	5b 5c		
	6		
	7		
	8		
	:		
	9a		
	Or-		
	9b		
	9c		
	10a		
	10b		
m Q		 ۱۰-E7۱	2014

Sche	edule A (Form 990 or 990 EZ) 2014 POPULATION CONNECTION			94-1703155 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	:	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

1 Amounts paid to supported organizations to accomplish exempt purposes
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
3 Administrative expenses paid to accomplish exempt purposes of supported organizations
4 Amounts paid to acquire exempt-use assets
5 Qualified set-aside amounts (prior IRS approval required)
6 Other distributions (describe in Part VI) See instructions
7 Total annual distributions. Add lines 1 through 6
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
9 Distributable amount for 2014 from Section C, line 6
10 Line 8 amount divided by Line 9 amount

		(1)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Total Data Marie Amount of Section and additional		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
_3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
I	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4	· · · · · · · · · · · · · · · · · · ·		
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			İ
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a				
b				
_с				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

chedule A (Forn	n 990 or 990-EZ) 2014 POPU	LATION CONNECTION	94-1703155 Page
Part VI Su	pplemental Information.	Provide the explanations required by Part II, II	ne 10, Part II, line 17a or 17b, and Part III, line 12
Also	complete this part for any addi	tional information (See instructions)	
-			
			
<u> </u>			
·	***************************************		
-			
			_ _
	· —		
,			

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tay) (see senarate instructions) then

	, (occ ocparate mon actions), then				
	Section 501(c)(4), (5), or (6) organiza	ations Complete Part III			
Nan	ne of organization			Emp	lloyer identification number
	POPULAT	CION CONNECTION			94-1703155
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 of	organization.
1 2 3		zation's direct and indirect politi	cal campaign activities	in Part IV ▶ s	£
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax		•	> :	6
2				▶ :	5
3	·	, ,	-	· ·	Yes No
	a Was a correction made?	,	, , , , , , , , , , , , , , , , , , ,		Yes No
	o If "Yes," describe in Part IV				
		ganization is exempt un	der section 501(c)	except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt func	tion activities	\$
	Enter the amount of the filing organ		•		
	exempt function activities		9	▶ :	\$
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-POL		
Ū	line 17b	o y to a mile y and a zine. Here	4.14 6.1.7 6.111 7.1267 62	, ▶:	*
4	Did the filing organization file Form	1120-POL for this year?		•	Yes No
5		•	EIN) of all cootion 527 ac	ultical organizations to whi	
3	made payments For each organiza		·	•	
	contributions received that were pr	· ·	• •		•
	political action committee (PAC) If				ato oogrogatoa rana or a
		· · · · · · · · · · · · · · · · · · ·			
	(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) 2014

LHA 43204

09100819 745960 40101

Schedule C (Form 990 or 990 EZ) 2014	POPULA	TION	CONNECTION		94-1	703155 Page 2
Part II-A Complete if the orgonic section 501(h)).	ganizatio	n is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A Check ▶ ☐ If the filing organiza	ation belong:	s to an affil	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess	lobbying	expenditures)			
B Check ▶ if the filing organiza	ation checke	d box A ar	nd "limited control" pro	visions apply		•
	its on Lobby ditures" me		nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence publi	c opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to infl	uence a legi	slative boo	dy (direct lobbying)		97,669.	
c Total lobbying expenditures (add l	ines 1a and	1b)			97,669.	
d Other exempt purpose expenditur		,			6,573,148.	
e Total exempt purpose expenditure	es (add lines	1c and 1d	i)		6,670,817.	
f_Lobbying nontaxable amount_Ent	er the amou	nt from the	e following table in bot	h columns	483,541.	
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,00	0.000		0 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17	1		0 plus 5% of the exce			
Over \$17,000,000	, ,	\$1,000.0	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	•	,				
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			120,885.	
h Subtract line 1g from line 1a If zer					0.	
i Subtract line 1f from line 1c If zero	o or less, en	ter -0-			0.	
j If there is an amount other than ze	ero on either	line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this			_			Yes No
	4	-Year Ave	eraging Period Under	section 501(h)		
(Some organizations t			01(h) election do not ate instructions for lii	-	of the five columns b	elow.
	Lobby	ıng Exper	nditures During 4-Yea	r Averaging Period		,
Calendar year (or fiscal year beginning in)	(a) 20	011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	309	,169.	326,522.	366,981.	483,541.	1,486,213
b Lobbying ceiling amount (150% of line 2a, column(e))						2,229,320
c Total lobbying expenditures	66	,391.	63,883.	93,424.	97,669.	321,367
d Grassroots nontaxable amount	77	,292.	81,631.	91,745.	120,885.	371,553.
e Grassroots ceiling amount (150% of line 2d, column (e))						557,330

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2014 POPULATION CONNECTION 94-170315 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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(b)
		Yes	No		
For each "Yes," response to lines 1a through 11 below, prowde in Part II/a detailed description (a) (b) Yes No Amou 1 Dung 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 broad-cast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or allegislative body? h Rallies, demonstrations, serimans, conventions, speeches, lectures, or any similar means? 1 Other activities? 1 Total Add lines 1c through 11 2 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 by organization managers under section 4912 d if the filing organization incurred a section 4912 tax did if the 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). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in house lobbying expenditures of \$2,000 or less? 4 Did the companization make only in house bobbying expenditures of \$2,000 or less? 5 Did the organization make only in house bobbying expenditures of \$2,000 or less? 5 Did the organization make only in house processed the amount on line 3, what prortion of the excess does the organization in section 501(c)(6) and efficially expenditures of \$2,000 or less? 5 Did the organization and similar amounts from members 5 Did (c)(6) and efficially expenditures (each ort include amounts of political expenditures of the propertio					
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?		ļ <u>.</u>		
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?		ļ—		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	ļ			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ		
- 1	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)?		ļ		
b	If "Yes," enter the amount of any tax incurred under section 4912		İ		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(=)		
Par		:ion 501(c))(5), or se	ction	
				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?				
	answered "Yes."	d "No," O	1	t III-A, lir	ıe 3, is
		t. a a l	1		
2		ticai	İ		
_			0-		
_	·				
		vc000	3		
4					
		political			
_					
			1. 3		
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	up list), Part i	I-A, lines 1 a	and 2 (see	

SCHEDULE D

(Form 990)

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.
on about Schedule D (Form 990) and its instructions is at www.irs.g

Open to Public

OMB No 1545-0047

Inspection

Name	e of the organization	TIT ON	Employer identification number
Par	POPULATION CONNECT t I Organizations Maintaining Donor Advis		94-1703155
T CI	organization answered "Yes" to Form 990, Part IV, III		ACCOUNTS. Complete if the
	organization answered Tes to Form 990, Part IV, in		(b) Funds and other accounts
4	Total number at and of year	(a) bonor advised funds	(b) I unus and other accounts
1	Total number at end of year		
2	Aggregate value of croats from (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	•	
	are the organization's property, subject to the organization'	•	Yes No
6	Did the organization inform all grantees, donors, and donor		=
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confe	
Par	impermissible private benefit? t II Conservation Easements. Complete if the o	viganization answered "Ves" to Form 000. Port IV	Yes No
1			, inte i
	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or Protection of natural habitat	reducation) Preservation of a historicall Preservation of a certified h	
		Preservation of a certified n	nistoric structure
•	Preservation of open space	liferal annual state of a section of the section of	
2	Complete lines 2a through 2d if the organization held a qua	liffied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		Haldadha Fadadha Tan Vana
	Takel asserb on af account to a constant		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 s	• •	2c
ď	Number of conservation easements included in (c) acquired	d after 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the orga	nization during the tax
	year	annual or language A	
	Number of states where property subject to conservation e	·	
5	Does the organization have a written policy regarding the policy regardi		— —
	violations, and enforcement of the conservation easements		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting		
	Amount of expenses incurred in monitoring, inspecting, and		
	Does each conservation easement reported on line 2(d) about a server 4.70(h)(4)(D)(h)0	ove satisfy the requirements of section 170(h)(4)(
	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conserva	•	•
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the or	ganization's accounting for
Par	conservation easements t III Organizations Maintaining Collections of	of Art Historical Transuras or Other	Cimilar Assats
Гаі	Complete if the organization answered "Yes" to Forn		Similar Assets.
			
	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc		
	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenue 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 tr	easures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		S

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

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 POPULAT	ION CONNEC	TION				<u>94-17</u>			age 2
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following tha	t are a s	significant	use of its	collection	ıtem	S
	(check all that apply)									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organizati	on's exe	empt purp	ose ın Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or oth	er sımıla	r assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the organizatio	n answered '	"Yes" to	Form 990	D, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other as	sets no	t included		_		_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				,			
								Amount		
С	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 F	orm 990, Part X, line	21, for escrow or co	ustodial acco	unt liab	ılıty?	L.	Yes	L	No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line	10				
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	1,000.	1,000.		1,000.		1,000.		1,	000.
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	1,000.	1,000.		1,000.		1,000.		1,	000.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as						
а	Board designated or quasi endowment	.00	_%							
b	Permanent endowment ► 100.00	%								
С	Temporarily restricted endowment ▶	.00%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	ind administe	red for t	the organi	zation	_		
	by								Yes	No
	(i) unrelated organizations							3a(ı)		_X_
	(ii) related organizations							3а(п)		X
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a S	ee Form 990.	, Part X,	line 10				
	Description of property	(a) Cost or o		or other		ccumulat	ed	(d) Book	value	<u> </u>
		basis (investr		(other)	٠,,	preciation		.,		
1a	Land									
b	Buildings									
С	Leasehold improvements		13	6,436.		136,4	36.			0.
d	Equipment			2,509.		75,2		137	7,2	
e	Other			3,380.		135,9			7,3	
	Add lines 13 through 1e (Column (d) must e	aval Farm 000 Port							1 6	

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014	POPULATION	CONNECTION

	(Form 990) 2014 POPULATION	CONNECTION		94-	<u> 1703155</u>	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered "Yes					
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation	on Cost or end-	of-year market v	alue
	al derivatives					
	held equity interests					
(3) Other						
(A)						-
(B)						
(C)						
(D)	····					
(E)						
(F) (G)		 				
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.)					
	Investments - Program Related.		I			
	Complete if the organization answered "Yes"	" to Form 990 Part IV line	11c See Form 990 Part Y	line 13		
	(a) Description of investment	(b) Book value	(c) Method of valuation		of year market v	alue
(1)		(1)	,,			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)				-		
(9)						
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization answered "Yes		11d See Form 990, Part X	, line 15		
	(a)) Description			(b) Book va	lue
(1)						
(2)						
(3)						-
(4)				-		
(5)						
(6)						
(7)			·			
(8)						
(9)						
Part X	ımn (b) must equal Form 990, Part X, col (B) lır Other Liabilities.	ne 15)		<u>▶</u> I		
	Complete if the organization answered "Yes	to Form 990, Part IV, line		Part X, line 25		
<u>1. </u>	(a) Description of liability		(b) Book value			
	deral income taxes					
	FT ANNUITY LIABILITY		323,873.			
	FERRED RENT		62,390.			
	ENCY LIABILITY		696,264.			
(5)						
(6)						
<u>(7)</u>						
(8)		l	l			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2014

432053 10-01-14

(9)

1,082,527.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

40101 1

Schedule D (Form 990) 2014

GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT

NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number POPULATION CONNECTION 94-1703155 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events J In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes __ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fundraiser have custody or control of contributions (v) Amount paid (vi) Amount paid (i) Name and address of individual (IV) Gross receipts to (or retained by) (ii) Activity to (or retained by) from activity fundraiser or entity (fundraiser) organization listed in col (i) N<u>o</u> Yes MAL WARWICK ASSOCIATES - 2550 NINTH ST. STE #103 BERKELEY DIRECT MAIL 1,242,574 29,400 1 213 174 Total 1 242 574 1,213,174, 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14

Sch Pa	edu art l	le G (Form 990 or 990 EZ) 2014 POPULAT II Fundraising Events. Complete if the	'ION CONNECTI	ON d "Yes" to Form 990, Par	94- t IV, line 18, or reported	1703155 Page 2 more than \$15,000
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
en			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
တ္သ	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Õ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		>	
D.		Net income summary Subtract line 10 from I				<u> </u>
Pa	ırt l		answered "Yes" to Form	i 990, Part IV, line 19, or i	reported more than	
	<u> </u>	\$15,000 on Form 990-EZ, line 6a	T	(I-) Dull tabe/patent		T (-1) T-4-1 (
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				birigo/progressive birigo		cor (a) through cor (c),
æ		Cross revenue				
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		>	
	_					
		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming a		states?		☐ Yes ☐ No
L		No," explain				
10a	 We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	vear?	Yes No
		Yes, " explain			·	
4320	32 08	3-28-14			Schedule G (Fo	rm 990 or 990-EZ) 2014

10 Does the organization conduct gaming activities with nominembers?	Sch	edule G (Form 990 or 990 EZ) 2014 POPULATION CONNECTION 94-	T/03T22	<u>Page 3</u> _
to administer charactable gaming? Yes No No Indicate the personal gaming activity conducted in a The organization's facility 13a 56 58 58 58 58 58 58 59 58 59 59	11	Does the organization conduct gaming activities with nonmembers?	Yes	└ No
13 Indicate the percentage of gaming activity conducted in a The organization facility B An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
a The organization's facility 130		to administer charitable gaming?	Yes	No
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 15a Doos the organization have a contract with a third party from whom the organization receives gaming revenue?			1 1	
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No	а	The organization's facility	13a	
Name ▶ Address ▶ 16s Does the organization have a contract with a third party from whom the organization receives gaming revenue?		·	13b	<u>%</u>
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Ves □ No b if "Ves," enter the amount of gaming revenue received by the organization ► \$	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Address ▶ 16 Gaming manager information Name ▶ Description of services provided ▶ 17 Gaming manager compensation ▶ \$ 17 Gaming manager compensation ▶ \$ 18 Gaming manager compensation ₱ \$ 18 Gaming manager compensation ₱ \$ 19 Gaming manager compensation ₱ \$ 19 Gaming manager compensation ₱ \$ 19 Gaming manager compensation ₱ \$ 19 Gaming manager compensation ₱ \$ 19 Gaming manager compensation \$ 19 Gaming manager compensation \$ 19 Gaming manager compensation \$ 19 Gaming manager compensation \$ 19 Gaming manager compensation \$ 19 Gaming manager compensation \$ 19 Gaming manager compensation \$ 19 Gaming manager compensation \$		Address		
of garming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer Employee Independent contractor 17 Mandatory distributions a is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? b Finiter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (w) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Part IV Supplemental Information S	b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
Name ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		of gaming revenue retained by the third party > \$		
Address Gaming manager information Name Gaming manager compensation \$	С	If "Yes," enter name and address of the third party		
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name ►		
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Address ▶		
Saming manager compensation Substitutions Gaming manager compensation Substitutions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710	16			
Description of services provided ▶ Description of services provided ▶ Director/officer				
Director/officer		Name		· · · · · · · · · · · · · · · · · · ·
Director/officer		Gaming manager compensation > \$		
Director/officer		Description of services provided ▶		
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710				
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710		Director/officer Employee Independent contractor		
retain the state gaming license? Define the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710	17	Mandatory distributions		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710		•		
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710		retain the state gaming license?	Yes	L No
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710	b	·		
15c, 16, and 17b, as applicable Also provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710	Pa		lines 9 9h 1(nh 15h
(I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710				
(I) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES (I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710	c C	DENTILE C DADM T ITNE 25 ITCM OF MEN UTCUECM DATE FINIDDATCE	ים פי.	
(I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710	<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	.K2:	
(I) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, CA 94710				
	<u>(I</u>) NAME OF FUNDRAISER: MAL WARWICK ASSOCIATES		
432083 08-28-14 Schedule G (Form 990 or 990-FZ) 2014	<u>(I</u>) ADDRESS OF FUNDRAISER: 2550 NINTH ST. STE #103, BERKELEY, C	<u>A 9471</u>	0
432083 08-28-14 Schedule G (Form 990 or 990-FZ) 2014				
432083 08-28-14 Schedule G (Form 990 or 990-FZ) 2014				
432083 08-28-14 Schedule G (Form 990 or 990-F7) 2014				
432083 08-28-14 Schedule G (Form 990 or 990-F7) 2014				
432083 08-28-14 Schedule G (Form 990 or 990-F7) 2014				
	43209	83 08-28-14 Schedule G (Fo	 rm 990 or 990	-EZ) 2014

Schedule G	(Form 990 or 990-EZ)	POPULATION	CONNECTION	94-1703155	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			-
	·	(continued)			
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

2014
Open to Public Inspection

Employer identification number

► Attach to Form 990.	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.
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ջ Schedule I (Form 990) (2014) 94-1703155 SEE DESCRIPTION ON PART (h) Purpose of grant or assistance X Yes PROGRAM SUPPORT PROGRAM SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 10,000 100,000 2,045,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(4) 501(C)(4) POPULATION CONNECTION Enter total number of other organizations listed in the line 1 table 52-1733698 13-4286728 46-3083014 Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization POPULATION CONNECTION ACTION FUND LEAGUE OF CONSERVATION VOTERS or government 857 BROADWAY, 3RD FLOOR RES PUBLICA (US), INC. WASHINGTON, DC 20036 WASHINGTON, DC 20037 1920 L ST NW STE 800 NEW YORK, NY 10003 2120 L STREET, NW Part II

94-1703155

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2014)

Part III | Grants and Other

(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. Provide the information required in	quired in Part I, lin	e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	dditional information	
PART I, LINE 2:					
POPULATION CONNECTION GAVE A GRANT TO		A RELATED ORGANIZATION,		POPULATION	
CONNECTION ACTION FUND. POPULATION	V CONNECT.	CONNECTION CONTROLS THE	LS THE ACT	ACTION FUND, AND	
; IS MAINTAINED	BY POPULA'	POPULATION CONNECTION	CTION STAFF.	F. THEREFORE,	
MONITORING OF THE GRANT IS DONE ON	ON A CONTI	CONTINUOUS BASIS.	S. POPCONN	ALSO	
SUPPORTS LIKE MINDED ORGANIZATIONS WITH COMPATIBLE GOALS AND MAKES	WITH CO	MPATIBLE G	OALS AND M	AKES	
CONTELEUTIONS TO SUPPORT THEIR MISSIONS	SSIONS				

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

POPULATION CONNECTION

Employer identification number

94-1703155

Pε	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			ŀ
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations			
	During the year did any parson lated in Form 900. But VII. Section A. line 1s, with respect to the filing			
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			
а		4 a		х
b		4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	-10		 -
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	X	—
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958 6(c)?	9		

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

Schedule J (Form 990) 2014

NO

94-1703155

Page 2

POPULATION CONNECTION

Schedule J (Form 990) 2014

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	apple	(E) Total of columns	F.
(A) Name and Title	1	(i) Base compensation	(ii) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(Q)·())(g)	ın column (B) reported as deferred ın prior Form 990
(1) JOHN SEAGER	Ξ	150,381.	0	0.	8,227.	6,676.	165,284.	0
- 53	Ξ	0	0	0		0	0	
	Ξ							,
	(II)							
	(1)							
	(II)							
	Θ							
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	Ξ							
	(ii)							
	(i)							
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	Ξ							
	(ii)							
432112				,			Schedi	Schedule J (Form 990) 2014

432112 10-13-14

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

PART I, LINE 7:	
THE FOLLOWING BONUSES WERE INCLUDED ON	: INCLUDED ON PART VII OF THE 990:
BRIAN E. DIXON	\$12,000
PAMELA WASSERMAN	\$12,000
MARIA OROZCO-MARQUEZ	\$12,000
SHAUNA SCHERER	\$12,000

Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

POPULATION CONNECTION

Employer identification number 94-1703155

Pai	tΙ	Type	es of Property								
				(a) Check if applicable	(b) Number of contributions or	(c) Noncash contri amounts report	ted on	(d Method of d noncash contrib	etermın	-	s
	۸	W/==1:= =:	£ ~		<u>litems contributed</u>	Form 990, Part VI	II, line 1g		_		
1		- Works o									
2			al treasures								
3			al interests								
4		•	ublications								
5	Clo	thing and	household goods								
6	Cai	rs and oth	er vehicles								
7	Boa	ats and pla	anes								
8	Inte	ellectual p	roperty								
9	Sec	curities - P	ublicly traded	X	30	138,	808.	FMV			
10	Sec	curities - C	losely held stock								
11	Sec	curities · P	artnership, LLC, or								
	trus	st interest:	S								
12	Sec	curities - M	1iscellaneous								
13	Qua	alified con	servation contribution -				. =:=::				
		toric struc									
14			servation contribution - Other					_			
15			Residential								
			Commercial								
16											
17		al estate -	Other								
18		llectibles									
19		od invento	•								
20		-	edical supplies								
21		kidermy									
22	Hıs	torical arti	facts								
23	Sci	entific spe	ecimens								
24	Arc	heologica	l artifacts								
25	Oth	ner 🕨	()								
26	Oth	ner 🕨	()								
27	Oth	ner 🕨	()								
28	Oth	ner 🕨	(
29	Nui	mber of Fo	orms 8283 received by the organi	zation during	g the tax year for c	ontributions					
	for	which the	organization completed Form 82	83, Part IV, I	Donee Acknowled	gement	29				
			·							Yes	No
30a	Dur	rına the ve	ear, did the organization receive b	v contributio	on any property rer	oorted in Part I. line	es 1 throu	gh 28, that it			
			at least three years from the date	-							
			oses for the entire holding period		ar contribution, and	· Willow is not requi	ilou to bo	4304 101	30a		x
h			cribe the arrangement in Part II	•					302		
				policy that r	acures the review	of any non etanda	rd contrib	utions?		v	
31		-	anization have a gift acceptance		•	•			31	_X_	
32a		_	anization hire or use third parties	or related or	ganizations to soli	cιτ, process, or sel	noncash				77
		ntributions							32a		<u> </u>
b			cribe in Part II								
33		-	ation did not report an amount in	column (c) f	or a type of prope	rty for which colum	ın (a) ıs ch	ecked,			
		scribe in P							<u> </u>		
LHA	F	or Paperv	work Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	l (Form	990) (2014)

Schedule M (Form 990) (2014) POPULATION CONNECTION	94-1703155	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information	and whether the organization of both Also com	ation iplete
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS RECEIVED IS REPORTED IN THIS	COLUMN	
	002014.1	
	· · · · · · · · · · · · · · · · · · ·	
		
		

432142 08-12-14

Schedule M (Form 990) (2014)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

POPULATION CONNECTION

Employer identification number 94-1703155

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY EARTH'S RESOURCES.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THE FOLLOWING TOPICS: THE REFUGEE SITUATION IN SYRIA; CLIMATE CHANGE
AND ITS FUTURE PROSPECTS FOR AGRICULTURE; CULTURAL IMPLICATIONS OF
POPULATION GROWTH; AND OCEAN HEALTH.
TRADITIONAL MEDIA:
- JOHN SEAGER (PRESIDENT) HAD AN OPINION PIECE PUBLISHED IN THE NEW
YORK TIMES AND SIX ARTICLES PUBLISHED ON THE HUFFINGTON POST WEBSITE.
HE WAS ALSO A FEATURED GUEST ON CBS BOSTON'S WBZ RADIO STATION.
- BRIAN DIXON (SENIOR VICE PRESIDENT FOR MEDIA AND GOVERNMENT
RELATIONS) WAS QUOTED IN THE FEMINIST NEWSWIRE.
- STACIE MURPHY (SENIOR POLICY ASSOCIATE) WAS A FEATURED GUEST ON
ATLANTA'S WRFG 89.3FM RADIO STATION.
- POPULATION EDUCATION'S WORLD OF 7 BILLION STUDENT VIDEO CONTEST WAS
FEATURED IN SEVERAL LOCAL NEWSPAPERS AND ON A COUPLE OF EDUCATIONAL
NEWS WEBSITES.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
- FIELD EVENTS INCLUDED A PRESENTATION TO OVER 150 SHENANDOAH
UNIVERSITY STUDENTS AS A PART OF A FIRST YEAR SEMINAR FOCUSED ON GLOBAL
HEALTH AND SPONSORING AND PARTICIPATING IN THE PEOPLE'S CLIMATE MARCH
IN NEW YORK CITY, WHICH BROUGHT TOGETHER 400,000 OTHER CLIMATE
ACTIVISTS.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 900 or 900-F7 Schodule O (Form 900 or 900-F7) (2014)

432211 08-27-14

Employer identification number Name of the organization 94-1703155 POPULATION CONNECTION HOSTED NEARLY 150 PARTICIPANTS, PRIMARILY COLLEGE STUDENTS, FROM 28 STATES AT OUR ANNUAL ADVOCACY WEEKEND, CAPITOL HILL DAYS, PROVIDING TRAINING FOR EFFECTIVE LOBBYING AND COMMUNICATION TECHNIQUES. ACTIVISTS LOBBIED 127 MEMBERS OF CONGRESS FOR INCREASED INVESTMENTS IN INTERNATIONAL FAMILY PLANNING AND TO CHANGE POLICIES RESTRICTING WOMEN'S ACCESS TO REPRODUCTIVE HEALTH CARE SERVICES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: POPULATION EDUCATION: TO PROMOTE POPULATION LITERACY AMONG AMERICAN YOUTH BY (1) PROVIDING TEACHERS WITH INFORMATION ABOUT POPULATION DYNAMICS AND THEIR IMPACTS AND BY DEMONSTRATING WAYS THAT THESE CONCEPTS CAN BE INCORPORATED INTO CLASSROOM ACTIVITIES; AND (2) PREPARING A NUMBER OF EDUCATORS TO OFFER TRAINING TO OTHER TEACHERS THROUGH THE POPULATION EDUCATION TRAINING NETWORK (PETNET). FINALLY, TO PROVIDE FOLLOW-UP ASSISTANCE AND INFORMATION ENABLING FORMER TRAINEES TO APPLY THEIR TRAINING MOST EFFECTIVELY. 2014 HIGHLIGHTS INCLUDE: STAFF OR MEMBERS OF OUR TEACHER TRAINERS NETWORK HELD 546 POP-ED WORKSHOPS IN 43 STATES AND PROVINCES. - DEVELOPED A NEW VERSION OF WORLD POPULATION, A VIDEO SHOWING THE HISTORY OF WORLD POPULATION GROWTH. - JUDGED THE 3RD ANNUAL VIDEO CONTEST FOR STUDENTS, COVERING THE TOPICS OF BIODIVERSITY LOSS, FINITE FARMLAND AND GLOBAL EDUCATION. - DEVELOPED A NEW EDITION OF TEACHING POPULATION, A CD OF TEACHING ACTIVITIES WHICH IS DISTRIBUTED TO THOUSANDS OF TEACHERS THROUGH OUR WORKSHOPS EACH YEAR. Schedule O (Form 990 or 990-EZ) (2014)

THEY ARISE.

Schedule O (Form 990 or 990 EZ) (2014) Page 2 Employer identification number Name of the organization 94-1703155 POPULATION CONNECTION IF A CONFLICT ARISES, IT IS BROUGHT IMMEDIATELY TO THE ATTENTION OF BOTH THE CHAIR AND THE PRESIDENT. IF THE BOARD IS TO TAKE ACTION IN SUCH A SITUATION, THE PERSON HAVING A CONFLICT DOES NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND. AFTER PROVIDING ALL RELEVANT INFORMATION REGARDING THE MATTER, RETIRES FROM THE PROCEEDINGS AND ROOM IN WHICH THE BOARD IS MEETING AND DOES NOT PARTICIPATE IN THE VOTE. WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT EXISTS, SUCH MATTER IS RESOLVED BY THE BOARD IN AN OFFICIAL VOTE, EXCLUDING FROM THE VOTE THE PERSON WHO MAY HAVE A CONFLICT. THE BOARD SEEKS SUCH OUTSIDE COUNSEL OR LEGAL ADVICE AS IT DEEMS NECESSARY IN ORDER TO BETTER ENABLE IT TO MAKE A DECISION. FORM 990, PART VI, SECTION B, LINE 15: COMPARABLE DATA WAS USED BY THE BOARD TO DETERMINE THE CEO'S SALARY. IN ADDITION, SIMILAR ORGANIZATIONS WERE EXAMINED TO ASCERTAIN COMPARABLE LEVELS OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. THE BOARD DETERMINES THE COMPENSATION AND THE DECISION IS DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE IN FEBRUARY 2015. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MN, MS, NH, NM, NY, NC, ND, OH, OK, PA, RI SC, TN, UT, VA, WA, WV, WI FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990 or 990-EZ) (2014)

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990 EZ) (2014)	Page 2
Name of the organization POPULATION CONNECTION	Employer identification number 94-1703155
FORM 990, PART VII, SECTION B & SCHEDULE G, PART I:	
MAL WARWICK ASSOCIATES RECEIVED \$374,224 FOR DATA SEGMENT	PATTON.
REPORTING, MARKETING, AND DIRECT MAIL SERVICES. \$29,400 (
WAS FOR PROFESSIONAL FUNDRAISING SERVICES, WHICH IS REPORT	RTED ON
SCHEDULE G, PART I.	
•	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete of the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2014	Open to Public Inspection
	-

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

OMB No 1545-0047

Employer identification number 94-1703155POPULATION CONNECTION

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33	ete if the organization answered "Yes"	on Form 990, Part IV, line 33				
(a) Name, address, and EIN (if applicable) 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
Part II Identification of Related Tax-Exempt Organizations Complete organizations during the tax year		if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one	or more related tax-exen	Jpt
(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	Section 512(b)(13) controlled entity?
POPULATION CONNECTION ACTION FUND - 46-3083014, 2120 L STREET NW, #500, WASHINGTON, DC 20037	STABILIZE WORLD POPULATION SUSTAINABLE BY EARTH'S RESOURCES	DISTRICT OF COLUMBIA 501(C)(4)		N/A	POPULATION	1
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R (Schedule R (Form 990) 2014

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

3	General or Percentage managing ownership partner?			re related	(I) Section 512(b)(13) controlled entity? Yes No	
3				ne or mor	(h) Percentage ownership	
Ξ	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had o	(g) Share of Peend-of-year ovassets	
(£)	Disproportionate altocations?	1		 line 34		
		3), Part IV,	(f) Share of total income	
(6)	Share of end-of-year assets			orm 99(
				res" on F	(e) Type of entity (C corp, S corp, or trust)	
€	Share of total income			wered "	Type (C col	
				tion ansv	(d) t controlling entity	
(e)	int income intributed, m tax und 512-514)			organiza	(d) Direct controlling entity	
	Predominant income (related, unrelated, excluded from tax under sections 512-514)			plete if the	(c) Legal domicile (state or foreign country)	
				ust Com	<u> </u>	
(Đ)	Direct controlling entity			ration or Tri	(b) ary activity	
<u>©</u>	Legal domicile (state or foreign country)			is a Corpc g the tax)	(b Primary	
(q)	Primary activity			ganizations Taxable a	Ζc	
(a)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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	

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Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 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?
 - a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Purchase of assets from related organization(s)

Sale of assets to related organization(s)

- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 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

	2000	5000	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POPULATION CONNECTION ACTION FUND	В	2,045,000.BOOK VALUE	BOOK VALUE
(2) POPULATION CONNECTION ACTION FUND	Д	.000,09	60,000.BOOK VALUE
(3) POPULATION CONNECTION ACTION FUND	N	35,434.	35,434.BOOK VALUE
(4) POPULATION CONNECTION ACTION FUND	0	254,142.	254,142.BOOK VALUE
(5) POPULATION CONNECTION ACTION FUND	Q	139,688.	139,688.BOOK VALUE
(9)			

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(k) centage nership					
o Perc	 		_		
(J) General or managing partner?		 			<u> </u>
(h) (i) (j) (k) Dispringer- tionalie allocations? of Yes No Code V-UBI (Form 1065) General or Percentage (Schedule K-I paring) Wespire				:	100 (000
(h) Otspropor- tonate allocations? Of S					
(g) Share of end-of-year assets					
(f) Share of total Income					
Are all partners sec 501(c)(3) orgs?					
(d) Predominant income (related, unrelated, excluded from tax undersections 512-514)					
(c) Legal domicile (state or foreign e					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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Schedule F	R (Form 990) 2014	POPULATION CONNECTION	94-1703155 Pa	age 5
Part VII	Supplemental Info	rmation		
	Provide additional inform	nation for responses to questions on Schedule R (see instructions)		
	1 TOVIGE Additional Inform	nation for responses to questions on schedule in (see instructions)		
				
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