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For the 2015 colondar year, or tay year beginning 10 01 2015

DLN: 93493221009307

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

and anding 00 20 2016

► Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

OMB No 1545-0047 2015

Open to Public Inspection

		pplicable	C Name of organization Population Reference Bureau I	<u> </u>	-2010		D Emplo	yer id	lentification number						
☐ Ac	dress c	hange	· ·				53-02	140	30						
	ame cha	_	% VIRESH DESAI CFO Doing business as				_								
	ıtıal retu	urn	PRB												
Fii return/	nai ⁄termina	ated		x if mail is not delivered to street address) Rooi	m/suite		E Telepho	ne nu	ımber						
Am	nended i	return	1875 CONNECTICUT AVE NW S				(202)	(202) 483-1100							
Ap	plication	n pending	City or town, state or province WASHINGTON, DC 200095728	, country, and ZIP or foreign postal code			G Gross r	eceıpt	s \$ 10,263,604						
			F Name and address of pr	ncipal officer	H(a) Is	this a group	retu	rn for						
			JEFFREY N JORDAN 1875 CONNECTICUT AV	/E NW 520			bordinates?		☐ Yes 🗸						
			WASHINGTON, DC 2000		",	N h) Ar	o e all subordı	nates	S — —						
I Ta	x-exem	pt status	√ 501(c)(3)) ◀ (insert no)	,	inc	luded?		165 110						
J W	ebsite	:► ww	w prb org		н("No," attach roup exempt		t (see instructions) umber ►						
K Forr	n of org	janization	Corporation Trust A	ssociation Other ►	L	Year of	f formation 19	51	M State of legal domicile DC						
Pa	rt I	Sum	ımary												
	1 Br	iefly de e sche		ssion or most significant activities											
e e															
Governance	-														
E E	2 0	hack th	nic hov 🕨 🗀 if the organizati	on discontinued its operations or dispos	sed of mo	ro tha	n 25% of its	net							
Š		HECK LI	iis box P ii tile organizati	on discontinued its operations of dispos	seu oi iiic	ne tha	11 2 3 70 01 103	Het	assets						
	3 N	lumber	of voting members of the gov	verning body (Part VI, line 1a)				3	17						
ě	4 N	lumber	of independent voting memb	ers of the governing body (Part VI, line	1b) .			4	16						
Activities &	5 T	otal nu	mber of individuals employed	d ın calendar year 2015 (Part V, lıne 2a	a)			5	61						
rct Ct	6 T	otal nu	mber of volunteers (estimate		6	17									
•	7 a ⊤	otal un	related business revenue fro	m Part VIII, column (C), line 12				7a	0						
	b Ne	et unrel	ated business taxable incom	ne from Form 990-T, line 34				7b							
				Р	rior Year		Current Year								
_	8	Contr	abutions and grants (Part VIII, line 1h)					382	7,956,835						
en ri	9		am service revenue (Part VI			67,9	960	59,805							
Ravenue	10	Inves	tment income (Part VIII, co	lumn (A), lines 3, 4, and 7d)	· <u> </u>		394,	551	327,140						
<u> </u>	11		revenue (Part VIII, column		5,0	069	5,696								
	12	Total 12)	revenue—add lines 8 throug	h 11 (must equal Part VIII, column (A)), line		10,556,9	962	8,349,476						
	13		•	(Part IX, column (A), lines 1–3)	_		602,	789	49,990						
	14			Part IX, column (A), line 4)				0							
Ses	15	Saları 5–10	les, other compensation, em)	5,120,6	580	5,346,357									
Expenses	16a	Profe	ssional fundraising fees (Pai	rt IX, column (A), line 11e)	· · _			0	0						
Ä	b		undraising expenses (Part IX, colun		_			\dashv							
	17		. ,	(A), lines 11a-11d, 11f-24e)	⊢		4,843,8	\rightarrow	3,205,845						
	18		·	(must equal Part IX, column (A), line 2	.5)		10,567,	-	8,602,192						
, <i>u</i> n	19	Rever	nue less expenses Subtract	line 18 from line 12	• •		-10,3	344	-252,716						
Net Assets or Fund Balances					Ве	gınnın	g of Current	Year	End of Year						
ssel Safa	20	Total	assets (Part X, line 16) .				12,051,8	395	12,101,642						
M F	21	Total	liabilities (Part X, line 26)		[3,223,6	510	3,131,475						
žŢ	22	Neta	ssets or fund balances Subt	ract line 21 from line 20	<u> </u>		8,828,3	285	8,970,167						
	rt II		nature Block												
my kı	nowled	lge and		e examined this return, including accom I complete Declaration of preparer (oth											
		***	** *				2017-08-09								
Sign		Sign	ature of officer				Date								
Here	e		FREY N JORDAN President AND CEC e or print name and title												
			Print/Type preparer's name	Preparer's signature	Date	0.00	Check I if	PTIN							
Paid	k	[-	Joyce Underwood	Joyce Underwood	2017-0	9 03	self-employed	P000	22361						
	pare	Г ⊢	Firm's name BDO USA LLP	OO DRIVE CHITE OCC			Firm's EIN 🟲								
Use Only Firm's address ▶ 8401 GRE					hone no (703) 893-0600										
		_	MCLEAN, VA 221	02											

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Pait V 💆	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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	Yes	
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	Yes	
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 (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	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 Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
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		No
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	Yes	

Part V	Statements	Regarding	Other	IRS Filinas	and Tax	Compliance

ГСП	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	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		No
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 Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
L3	year Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13 a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	<u> </u>		
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed ► DC			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Vupon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	_		

►VIRESH DESAI CFO 1875 CONNECTICUT AVE NW STE 520 washington, DC 20009 (202) 939-5425

Part VII

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	Γ	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(4) Class Barbarah	10					"				
(1) Chris Bachrach Trustee		×						0	0	0
(2) Alaka Basu	1 0									
Trustee	0.0	X						0	0	0
(3) Bert T Edwards	3 0	l x							0	0
Trustee, Audit Committee Chair	0 0	^							0	0
(4) Parfait M Eloundou-Enyegue		х						0	0	0
	10									
(5) David Finn		x						0	0	0
(6) Amanda Glassman	1 0									
Trustee	0 0	X						0	0	0
(7) Robert Groves	1 0									
Trustee	0 0	Х						0	0	0
(8) Jamie Heming	1 0	l x						0	0	0
Trustee	0.0	^							0	0
(9) Richard F Hokenson	2 0	х		х				0	0	0
Trustee, Treasurer	0 0									
(10) Scott McDonald		X						0	0	0
Trustee	0.0									
(11) Susan McGregor Trustee, Secretary	2 0	×		x				0	0	0
(12) Flizabeth Schoenecker	2 0									
Trustee, Vice Chair	0.0	Х		x				0	0	0
(13) Stanley K Smith	5 0							0		
Trustee, Chair	0.0	Х		×				0	0	0
(14) Marta Tienda	1 0	Х						0	0	0
Trustee	0.0									
										Form 990 (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportabl compensat from relate organizatio (W- 2/109	ion ed ins	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)		organization and related organizations	
(15) Linda J Waite	1 0	×						0		0	0	
Trustee	0 0										,	
(16) Carolyn West Trustee	1 0	×						0		0	0	
(17) Jeffrey N Jordan	50 0							251125				
Trustee, President and CEO	0.0	×		Х				254,187		0	31,357	
(18) Viresh Desai	50 0 0 0			х				35,164		0	4,934	
(19) Victoria C Edwards	50 0											
Interim CFO	0.0			Х				100,690		0	0	
(20) Susan M Rich VP-Global Partnerships	50 0 0 0					х		181,461		0	23,219	
(21) Linda A Jacobsen	50 0											
VP-U S Programs	0 0					×		172,296		0	24,404	
(22) Rhonda R Smith Associate VP-International Pro	50 0					х		149,370		0	14,524	
(23) Barbara Seligman	50 0											
VP-International Programs	0 0					×		139,183		0	8,946	
(24) Peter C Goldstein	50 0											
VP-Communications & Marketing	0 0					×		132,516		0	11,252	
(25) James Scott	50 0											
FORMER CFO/COO	0.0						×	108,873		0	11,149	
1b Sub-Total				▶								
c Total from continuation sheets to Part VI	I, Section A .			▶[
d Total (add lines 1b and 1c)		•		▶			1,2	73,740	0	129,785		
2 Total number of individuals (including but n	not limited to tho	se list	ed al	oove	e) w	ho red	eiv	ed more than				

\$100,000 of reportable compensation from the organization \blacktriangleright 14

			Yes	No						
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee									
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes							
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such									
	ındıvıdual	4	Yes							
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									
	services rendered to the organization in res, complete schedule in such person in the internal in the internal	5		l No						

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
The Artful Presentation, 826 Bashford Lane ALEXANDRIA, VA 22314	multimedia design	109,260

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 1

Part VIII		Statement o	f Revenue												
		Check if Schedu	ule O contains a respor	se or note to any lin	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							
v	1a	Federated cam	paigns 1a	1,716											
ons, Gifts, Grants Similar Amounts	Ь	Membership du	es 1b												
Gra	c	Fundraising eve													
S. (l .	_													
Giff	d	Related organiz	zations 1d												
i. is	e	Government grants	s (contributions) 1e	3,599,342											
Contributions, Gifts, Grants and Other Similar Amounts	f	sımılar amounts no		4,355,777											
	g	1a-1f \$	ons included in lines												
Contand	h	Total. Add lines	s 1a-1f	🗼	7,956,835										
				Business Code											
훒	2a	MEMBERSHIP DUE:	S	900099	51,991	51,991									
3	ь	PUBLICATIONS		900099	7,814	7,814									
π́	l c	-													
Program Serwce Revenue	d														
፠	e														
ran	f	All other progra	am service revenue												
₹og															
	g		s 2a-2f		59,805										
	3		ome (including dividend ar amounts)		239,245			239,245							
	4		stment of tax-exempt bond p		0										
	5	Royalties		🔸 🗍	4,069			4,069							
	6a	Gross rents	(ı) Real	(II) Personal											
		Laca rental													
	Ь	Less rental expenses													
	C	Rental income or (loss)	0	0											
	d	Net rental inco	me or (loss)		0										
			(ı) Securities	(II) Other											
	7a	Gross amount from sales of assets other than inventory	2,002,023												
	ь	Less cost or other basis and sales expenses	1,914,128												
	c	Gain or (loss)	87,895												
	d	Net gaın or (los	s)	· · · · •	87,895			87,895							
/enne	8a	Gross income f events (not inc													
Other Revenue		See Part IV, lin	ne 18 a												
ŏ	C		penses b (loss) from fundraising e	events -	0										
			rom gaming activities	vents p											
	b c		penses b (loss) from gaming activ		0										
	10a	Gross sales of returns and allo		•											
	b c	-	a oods sold b (loss) from sales of inve	entory ►	0										
		Miscellaneous	s Revenue	Business Code											
	11a	MISCELLANEC	ous	900099	1,627			1,627							
	ь														
	С														
	d	All other reven	ue												
	e	Total. Add lines	s 11a-11d	•	1,627										
	12	Total revenue.	See Instructions	· · · •	8,349,476	59,805		332,836							
	1				-,- ,-, , , ,	- 5,000									

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

	ot include amounts reported on lines 6b, o, 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	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15	49,990	49,990		
4	and 16	45,550	+3,330		
5	Compensation of current officers, directors, trustees, and key employees	428,004	18,491	396,481	13,032
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,362,470	2,830,310	528,684	3,476
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	271,178	205,477	65,556	145
9	Other employee benefits	970,409	682,553	284,134	3,722
10	Payroll taxes	314,296	221,065	92,026	1,205
11	Fees for services (non-employees)	314,290	221,003	92,020	1,203
a	Management	0			
b	Legal	13,646		13,646	
c	Accounting	56,180		56,180	
d	Lobbying	0		33,133	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	54,079			54,079
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	935,697	683,962	251,735	0
12	Advertising and promotion	0			
13	Office expenses	304,204	211,189	90,875	2,140
14	Information technology	185,159		185,159	
15	Royalties	0			
16	Occupancy	664,260	17,116	647,144	
17	Travel	538,776	473,708	64,797	271
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	211,250	125,515	80,199	5,536
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	93,075		93,075	
23 24	Insurance	51,544		51,544	
а	SUPPORTING SERVICES	0	2,420,302	-2,433,499	13,197
b	OTHER EXPENSES	97,975	42,561	55,176	238
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,602,192	7,982,239	522,912	97,041
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
		1		r Ec	orm 990 (2015)

Part X Balance Sheet

1	Par	tΧ	Check if Schedule O contains a response or note to any lin	e in th	ıs Part X			
1 Cash-non-interest-bearing 2,550 1 0,500			eneck if Schedule of Contains a response of note to any in		ISTAICA	ı		(B)
2 Savings and temporary cach investments 2,864,937 2 2,403,394 3 Pledges and grants receivable, net 271,020 3 7-0,005 4 Accounts receivable, net 0 4 0 5 Loans and other receivables from current and former officers, directors, trustees, see yearly to present the programment of the p						Beginning of year		End of year
3 Pledges and grants receivable, net 271,000 3 744,000		1	Cash-non-interest-bearing			2,530	1	10,390
4 Accounts receivable, net 0 4 0 0 0 1 1 1 1 1 1 1		2	Savings and temporary cash investments			2,854,937	2	2,423,394
Source Loans and other receivables from current and former officers, directors, trustees, key employees, and highest companished employees. Complete Part II of Schedule L. Companies Compan		3	Pledges and grants receivable, net			271,020	3	749,695
Section Sec		4	Accounts receivable, net			0	4	0
Section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	key employees, and highest compensated employees Co	0	5	0		
Second	ets	6	section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s voluntary employees' beneficiary organizations (see insti	0		0		
Second	SS	l _						
9 Prepaid expenses and deferred charges 10a 1.516,127 10b 1.516,127 10c 1.516,127 10b 1.516,127 10b 1.516,127 10b 1.516,127 10b 1.105,004 485,473 10c 413,123 11 1nvestments—publicly traded securities 1.00 1.105,004 485,473 10c 413,123 11 1nvestments—publicly traded securities 1.00 1.2 0.0 1.2 0.0 1.3 0.0 1.4 1.005,004 1.1 0.0 1.2 0.0 1.3 0.0 1.4 1.005,004 1.1 0.0 1.2 0.0 1.3 0.0 1.4 1.005,004 1.1 0.0 1.3 0.0 1.4 1.005,004 1.1 0.0 1.3 0.0 1.4 1.005,004 1.1 0.0 1.3 0.0 1.4 0.0 1.5 0.0 1.4 0.0 1.5 0.0 1.5 0.0 1.5 0.0 1.5 0.0 1.5 0.0 1.5 0.0 1.5 0.0 1.5 0.0 1.5 0.0 1.5 0.0 1.5 0.0 1.5 0.0 1.5 0.0 0.0 1.5 0.0	A		·					
10a		_						
Complete Part VI of Schedule D 10a 1,518,127 11 11 11 11 11 11 11		_	' '	•	 I	55,659	9	47,169
11 Investments—publicly traded secunities 8,290,043 11 8,422,649 12 Investments—other secunities 5ee Part IV, line 11 0 12 0 13 Investments—other secunities 5ee Part IV, line 11 0 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 92,233 15 35,222 16 Total assets. Add lines 1 through 15 (must equal line 34) 12,051,885 16 12,101,682 17 Accounts payable and accrued expenses 349,416 17 470,855 18 Grants payable 0 18 0 19 Deferred revenue 2,823,847 19 2,575,619 20 Tax—exempt bond liabilities 2 20 0 0 21 Escrow or custodial account liability Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule D 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part IX of Schedule D 50,547 25 84,901 26 Total liabilities. Add lines 17 through 25 3,223,610 26 3,131,475 27 Unrestricted net assets 8,771,405 27 8,913,287 28 Temporanity restricted net assets 56,880 29 56,880 29 Permanently restricted net assets 56,880 29 56,880 29 Permanently restricted net assets 56,880 29 56,880 29 Permanently restricted net assets 56,880 29 56,880 30 Capital stock or trust principal, or current funds 30 30 30 30 30 30 30 3		10a	Complete Part VI of Schedule D	10 a				
12 Investments—other securities See Part IV, line 11 0 12 0 0 13 1 0 14 14 15 14 14 15 15 15		b	Less accumulated depreciation	485,473	10 c	413,123		
13		11	Investments—publicly traded securities	8,290,043	11	8,422,649		
14		12	Investments—other securities See Part IV, line 11 .			0		
15		13	Investments—program-related See Part IV, line 11 .			0	13	0
16		14	-			0	14	0
17		15				92,233	15	35,222
18 Grants payable 0 18 0 0 18 0 0 19 0 0 0 0 0 0 0 0 0		16	Total assets. Add lines 1 through 15 (must equal line 34)			12,051,895	16	12,101,642
19		17	Accounts payable and accrued expenses			349,416	17	470,955
20 Tax-exempt bond liabilities		18	Grants payable			0	18	0
Secured mortgages and once payable to unrelated third parties 21 22 23 20 23 20 23 20 24 20 24 20 25 25 25 25 25 25 25		19	Deferred revenue	•		2,823,647	19	2,575,619
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities			0	20	0
24 Unsecured notes and loans payable to unrelated third parties		21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D	0	21	0
24 Unsecured notes and loans payable to unrelated third parties	lities	22						
24 Unsecured notes and loans payable to unrelated third parties	<u>.</u>		persons Complete Part II of Schedule L			0	22	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities.Add lines 17 through 25	Ë	23	Secured mortgages and notes payable to unrelated third	parties		0	23	0
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third pai	rties		0	24	0
Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24)	o relat	ed third parties,			
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets						<u> </u>	25	
Section of the sect		26	Total liabilities. Add lines 17 through 25			3,223,610	26	3,131,475
30 Capital stock or trust principal, or current funds	ces			re ▶				
30 Capital stock or trust principal, or current funds	an	27	Unrestricted net assets			8,771,405	27	8,913,287
30 Capital stock or trust principal, or current funds	Ba	28	Temporarily restricted net assets			0	28	0
30 Capital stock or trust principal, or current funds	2	29	Permanently restricted net assets			56,880	29	56,880
30 Capital stock or trust principal, or current funds	or Fu			eck he	ere 🕨 🦵 and			
	ts (30					30	
	,se							
	As							
	Vet					8,828,285		8,970,167
	_					12,051,895		12,101,642

	t XI Reconcilliation of Net Assets				age 12
Pell					_
	Check if Schedule O contains a response or note to any line in this Part XI	• •			· · l
	Tatal groups (growth a goal Back VIII) and grown (A) long 42)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,3	349,476
2	Total expenses (must equal Part IX, column (A), line 25)			·	
		2		8,6	02,192
3	Revenue less expenses Subtract line 2 from line 1	3		_	
4	Not accept and haloman at homeony of construction of Doub V, has 22 column (A.V.	3		- 2	252,716
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,8	328,285
5	Net unrealized gains (losses) on investments				<u> </u>
		5		3	394,598
6	Donated services and use of facilities	6			
_	Investment eveness	-			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
	Not accept on fined belonger at and of coopy Complying Lines 2 through 0 (may at accept Doubly Line 22)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8,9	70,167
Par	t XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	·				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate			
	basis, consolidated basis, or both				
	▼ Separate basis				
r	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl	nt			
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i	n			
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		34	1 03	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	
			_		

Additional Data

Software ID: Software Version:

EIN: 53-0214030

Name: Population Reference Bureau Inc

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 5,095,526 including grants of \$ 49,990) (Revenue \$ 38,241)

INTERNATIONAL PROGRAMS As part of the Policy, Advocacy, and Communications Enhanced for Population and Reproductive Health (PACE) Project funded by the United States Agency for International Development (USAID), PRB created an interactive infographic to present a snapshot of mens use of modern contraceptive methods and highlight data that identify opportunities to engage more adolescent boys and men. The infographic includes data on mens use and knowledge of modern contraceptive methods, mens attitudes towards family planning, and an interactive global map that (see schedule O for continuation)

Form 990, Part III, Line 4b

(Code

continuation)

(Expenses \$

U S PROGRAMS The aging of the baby boom generation could fuel a 75 percent increase in the number of Americans ages 65 and older requiring nursing home care, to about 2 3 million in 2030 from 1 3 million in 2010, PRB projected in the Population Bulletin, "Aging in the United States" The Bulletin, authored by PRBs Mark Mather, Linda A Jacobsen, and Kelvin M Pollard, examined recent trends and disparities among this cohort, and how baby boomers will reshape Americas older population. The effects of population aging will depend largely on the policy choices that Americans make now and in the coming years (see schedule O for

including grants of \$

0)(Revenue \$

13.242)

1.545.607

Form 990, Part III, Line 4c

Schedule O For Continuation)

Code

(Expenses \$

COMMUNICATIONS PROGRAMS Every year, PRB's World Population Data Sheet package is a go-to reference on population, health, and environment statistics. For the 2016 World Population Data Sheet, PRB chose the theme "Human Needs, Sustainable Resources" to explore linkages between the global population outlook, the state of peoples health and well-being, and our planetary stewardship. This edition of the Data Sheet included PRBs latest projection showing a world population just shy of 10 billion people in 2050, about a one-third increase from today. This projection points to significant human and environmental challenges ahead. (See

including grants of \$

0)(Revenue \$

8.322

1.341.106

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

OMB No 1545-0047 Open to Public

Inspection

DLN: 93493221009307

Department of the Treasury

SCHEDULE A

(Form 990 or

990EZ)

Part I

www.irs.gov/form990. Internal Revenue Service Name of the organization Population Reference Bureau Inc

Employer identification number

53-0214030

THE	nyani.	zation is not a private it	diluation beca	ause it is (101 iiiles 1	tillough 11, ch	eck only one b	ux)		
1		A church, convention	of churches, o	r association of churc	hes described i	n section 170(I	b)(1)(A)(i).		
2		A school described in	section 170(b)(1)(A)(ii).(Attach So	hedule E (Form	1990 or 990-E	Z))		
3	Ė	A hospital or a cooper	atıve hospıtal	service organization o	lescribed in sec	tion 170(b)(1))(A)(iii).		
4	<u> </u>	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	escribed in se	ction 170(b)(1)(A)(iii). Enter the	
		hospital's name, city,							
5	Г	An organization opera 170(b)(1)(A)(iv). (Co			iversity owned	or operated by	a governmental unit d	lescribed in section	
6		A federal, state, or loc	al government	t or governmental unit	described in se	ction 170(b)(1	L)(A)(v).		
7	▽	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)							
8		A community trust des			•	tII)			
9	<u></u>	An organization that r receipts from activitie from gross investmen organization after Jun An organization organi	es related to it t income and i e 30, 1975 S	s exempt functions—s unrelated business tax ee section 509(a)(2). !	ubject to certa kable income (le (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 1 tax) from businesse	331/3% of its support	
11 a	⊢ ⊢	An organization organione or more publicly s the box in lines 11a th Type I. A supporting o	zed and opera upported orga irough 11d tha rganization op	ted exclusively for the nizations described in at describes the type o erated, supervised, or	e benefit of, to p section 509(a) of supporting or controlled by i	perform the fund ((1) or section ganization and ts supported o	ctions of, or to carry o 509(a)(2) See sectio complete lines 11e, 1 rganization(s), typical	n 509(a)(3). Check .1f, and 11g ly by giving the	
	ı	supported organization organization You must	n(s) the power	to regularly appoint o	r elect a majori				
b	Г	Type II. A supporting management of the su must complete Part IV	pporting orgar	nization vested in the s				,	
c	Γ	Type III functionally i supported organization						grated with, its	
d	Г	Type III non-function not functionally integral (see instructions) You	ated The orga	ınızatıon generally mu:	st satisf y a dist	rıbutıon requir			
е		Check this box if the o					s a Type I, Type II, T	ype III functionally	
	•	integrated, or Type III							
f	Ente	r the number of support	ed organızatıo	ns			· · · · · · · · <u> </u>		
g		Provide the following i	nformation abo	out the supported orga	nization(s)				
(i) Name of supported organization			(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organ Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)	
					Yes	No			
Tota									

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 8,632,123 9,476,859 8,367,195 10,089,382 7,956,835 44,522,394 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the 0 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 8,632,123 9,476,859 8,367,195 10,089,382 7,956,835 44,522,394 The portion of total contributions by each person (other than a governmental unit or publicly 13.168.186 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 31,354,208 from line 4 Section B. Total Support Calendar year (c)2013 (f)Total (a)2011 **(b)**2012 (d)2014 (e)2015 (or fiscal year beginning in) 8,632,123 9,476,859 8,367,195 10,089,382 7,956,835 44,522,394 Amounts from line 4 Gross income from interest, dividends, payments received 268,789 on securities loans, rents, 269,711 209,322 259,499 243,314 1,250,635 royalties and income from similar sources Net income from unrelated business activities, whether or 0 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 1,627 1,627 capital assets (Explain in Part VI) 11 Total support. Add lines 7 45,774,656 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 355.732 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 68 497 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 68 550 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶▽ b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6)							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18		
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	line 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	33 1/3% support tests—2014. If the							•
	18 is not more than 33 1/3%, check	-						
20	Private foundation. If the organization		-	· ·		•	_	▶ □

Part IV Supporting Organizations

(Complete 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

_	I, complete Sections A and D, and complete Part V)			
56	ection A. All Supporting Organizations	1	Voc	No.
1	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	1	Yes	No
2	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)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	1	ı	
	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	4a		
D	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	4b		
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	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes 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)	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 .	6		
7	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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
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 .	9a		
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 .	9b		
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 .	9 c		
	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	10a		
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)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Par	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) to operated, supervised or controlled the supporting organization			
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors of trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same per that controlled or managed the supported organization(s)			
Se	ection D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prictax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies the organization's governing documents in effect on the date of notification, to the extent not previously provided.	of		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how to organization determined that these activities constituted substantially all of its activities			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truster each of the supported organizations? <i>Provide details in Part VI</i>	es of 3a		
ь	• Did the organization exercise a substantial degree of direction over the policies, programs and activities of ear of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 See inst	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete	Sections	A through E	Г
				(B) Current Year
	Section A - Adjusted Net Income		(A) Prior Year	(optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	A cquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- estructions)	integrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	auıred)		
6 Other distributions (describe in Part VI) See instru	. ,		
<u> </u>	30013		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
<u>b</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
c Excess from 2013			
d From 2014			
e From 2015			

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SCHEDULE D

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493221009307

Open to Public

	nal Revenue Service me of the organization			Emple	oyer identifi	cation	number
	pulation Reference Bureau Inc			Empi	yei idelitii i	Cationi	lullibei
De:	rt I Organizations Maintaining Dono	or Advised Funds or	Other Similar Fi		214030 r Accoun		
	Complete if the organization answe			unus c	i Accoun		
		(a) Donor advised fund	s	(b)	unds and o	ther acc	counts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor funds are the organization's property, subject to			or advis	ed		Yes No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?	e benefit of the donor or do	nor advisor, or for ar	ny other	• •		Yes ∏ No
Pa	rt III Conservation Easements. Comp	lete if the organization	answered "Yes" o	n Form	990, Part	IV, lın	e 7.
1	Purpose(s) of conservation easements held by t	,	that apply)				
	Preservation of land for public use (e.g., receducation)	reation or	- Preservation of a	n histori	cally import	ant land	d area
	Protection of natural habitat	, 	Preservation of a				a dicu
	Preservation of open space	,					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	n held a qualified conserva	tion contribution in t	he form	of a conserv	v ation	
					Held at t	he End	of the Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easem	nents		2b			
c	Number of conservation easements on a certifie		* *	2c			
d	Number of conservation easements included in historic structure listed in the National Register			2d			
3	Number of conservation easements modified, tra	ansferred, released, exting	juished, or terminate	ed by the	e organizatio	in during	g the
	tax year ▶						
4	Number of states where property subject to con	servation easement is loc	ated ▶				
5	Does the organization have a written policy rega violations, and enforcement of the conservation		ing, inspection, hand	dling of	Г	Yes	☐ No
6	Staff and volunteer hours devoted to monitoring year	, inspecting, handling of vi	olations, and enforci	ng cons	ervation eas	ements	3 during the
7	A mount of expenses incurred in monitoring, insp	pecting, handling of violati	ons, and enforcing c	onserva	tion easeme	nts dur	ing the year
	▶ \$						
8	Does each conservation easement reported on (B)(I) and section $170(h)(4)(B)(II)$?	line 2(d) above satisfy the	requirements of sec	tion 17		Yes	∏ No
9	In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	ct of the footnote to the org					
Par	Complete of the organization answe	ctions of Art, Histor red "Yes" on Form 990	ical Treasures, Part IV, line 8.	or Oth	er Simila	r Asse	ets.
1 a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foo	SFAS 116 (ASC 958), not ar assets held for public ex	to report in its rever hibition, education,	or resea	rch in furthe		
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating t	ar assets held for public ex	•				
((i) Revenue included on Form 990, Part VIII, line	1		> \$			
	ii) Assets included in Form 990, Part X		1				
2	If the organization received or held works of art, following amounts required to be reported under		her sımılar assets fo				
а	Revenue included on Form 990, Part VIII, line	1			▶ \$		

Assets included in Form 990, Part X

Part	***	Organizations Maintaining (continued)	Collections of Ar	t, Histori	cal	Treas	sures, or	Oth	er Similar <i>A</i>	Asse	ts	
3		j the organization's acquisition, acce tion items (check all that apply)	ession, and other recor	ds, check	any o	f the fo	ollowing tha	t are	a significant us	se of	ıts	
а		Public exhibition		q L	Loa	an or e	xchange pr	ograi	ms			
b	Γ	Scholarly research		e	O t	her						
c		Preservation for future generations										
4	Provi Part >	de a description of the organization's KIII	s collections and expla	ain how the	y furt	her the	e organizati	on's	exempt purpose	e in		
5		g the year, did the organization solic is to be sold to raise funds rather tha							ımılar Y e	es	☐ No	ı
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm 990,	Part	t IV, lı	ne 9, or r	epor	ted an amou	nt o	n Forn	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intermi	edıary for c	ontril	butions	or other a	sset	s not	es	┌ No	
b	If'	'Yes," explain the arrangement in Pa	art XIII and complete	the followin	q tab	le		Γ	An	noun	t	
c		ginning balance	,		_		:	lc				
d		ditions during the year						ld				
e		tributions during the year						le				
f		ding balance						Lf				
2a		ne organization include an amount or	n Form 990. Part X. lin	e 21. for e	scrow	v or cus	— todial acce	ount	liability? 🗆 🕶		┌ No	
b Par	If"Ye	es," explain the arrangement in Part Endowment Funds. Comple	te if the organizatio	n answer	ed "Y	es" to	Form 99	0, P	art IV, line 10).		
			(a)Current year	(b) Prior yea			wo years bac		Three years back	+	Four ye	ars back
1a	_	nning of year balance	56,880	5	6,880		56,88	10	51,880	+		51,880
b	Cont	ributions							5,000	"		
с	Net i	nvestment earnings, gains, and										
d	Gran	ts or scholarships										
e		r expenditures for facilities programs										
f	A dmi	nistrative expenses										
g	End o	of year balance	56,880	5	6,880		56,88	0	56,880			51,880
2	Provi	de the estimated percentage of the o	current year end balan	ce (line 1g	, colu	ımn (a)) held as					
а	Board	I designated or quasi-endowment 🕨										
b	Perm	anent endowment ▶ 100 000 %										
c		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c :	should equal 100%									
3a	A re tl	nere endowment funds not in the pos lization by		ation that a	are he	eld and	administe	red fo	or the		Yes	No
	(i) un	related organizations							3	a(i)		No
		elated organizations							3	a(ii)		No
		es" on 3a(II), are the related organiza				۲۶.		•		3b		
4	_	ribe in Part XIII the intended uses o		idowment fi	unds							
Раг	t VI	Land, Buildings, and Equip Complete if the organization a		rm 990. I	Part	IV. lın	e 11a.See	e For	m 990. Part :	X. lır	ne 10.	
		Description of property		Cost or	(a)	basıs	(b) Cost or other (other)		Accumulated (c) depreciation	d		k value
1 a	and						·			\neg		
b i	Buildin	gs						0		0		0
c l	_ease	nold improvements					840	,656	532,6	692		307,964
d l	Equipn	nent					677	7,471	572,3	312		105,159
e (Other											

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

Part VII	See Form 990, Part X, line 12.				
	(a) Description of security or categor	У	(b)Book value		(c)Method of valuation
(1) [mana	(including name of security)			Cos	t or end-of-year market value
	al derivatives y-held equity interests				
(3)Other	The organity interests				
Total. (Colum	mn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related.		I		
	Complete if the organization answere	d 'Yes' on Form 9		^{C.} See Form	
	(a) Description of investment		(b) Book value	Cos	(c) Method of valuation t or end-of-year market value
					e of end of year market value
				l l	
	mn (b) must equal Form 990, Part X, col (B) line 13)	Lon answered (Vest e	n Form 000 Bart IV	line 11 d Coo	Form 000 Dart V June 15
	mn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organizat (a) Des	ion answered 'Yes' o	n Form 990, Part IV,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV ,	line 11d See	Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV ,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV ,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV ,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV ,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV ,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV,	line 11d See	
	Other Assets. Complete If the organizat	ion answered 'Yes' o	n Form 990, Part IV,	line 11d See	
Part IX	Other Assets. Complete if the organizate (a) Des	ion answered 'Yes' o			(b) Book value
Part IX	Other Assets. Complete if the organizate (a) Des	ion answered 'Yes' ocription		•	(b) Book value
Part IX	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15) ganızatıon answer	ed 'Yes' on Form 9	•	(b) Book value
Part IX	Other Assets. Complete if the organizate (a) Des (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or	ion answered 'Yes' ocription	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X	Other Assets. Complete if the organizate (a) Des wmn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganızatıon answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25.	e 15) ganızatıon answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answer	ed 'Yes' on Form 9	•	(b) Book value
Total. (Cold Part X 1. Federal Inc.	Other Assets. Complete if the organizate (a) Des umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	(b) Book values	ed 'Yes' on Form 9	•	(b) Book value

				1 490 •
Pari	rt XI Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered 'Yes' on Form 990, Part IV, line 12		r Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1		8,744,074
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12			<u> </u>
а	Net unrealized gains (losses) on investments	394,598		
b	Donated services and use of facilities	·		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d	2	e	394,598
3	Subtract line 2e from line 1	. 3	:	8,349,476
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII) 4b			
c	Add lines 4a and 4b	. 4	c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		;	8,349,476
Part	t XII Reconciliation of Expenses per Audited Financial Statements Wit	h Expenses p	er Re	turn.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements	1	•	8,602,192
2	A mounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII)............. <mark>2d</mark>			
е	Add lines 2a through 2d	2	_	
3	Subtract line 2e from line 1	3	3	8,602,192
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII)............. <mark>4b</mark>			
c	Add lines 4a and 4b	4	с	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	i	8,602,192
Dart	rt XIII Supplemental Information			
		4 2		
	ivide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, li t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also comple		ovide ai	ny additional
ınfor	ormation			
	Return Reference Explanation			
See A	Additional Data Table			

Page 5		dule D (Form 990) 2015	chedule D (F
	ormation <i>(continued)</i>	t XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Ref

Additional Data

Software ID: Software Version:

EIN: 53-0214030

Name: Population Reference Bureau Inc

Supplemental Information

ned

Return Reference Part V, Line 4

Explanation Permanently restricted net assets consist of contributions received in which the donors pe rmanently restricted the assets for endowment purposes. The income earned on the investmen

ts is temporarily restricted until appropriated and generally used in the period it is ear

Return Reference	Explanation
Part X, Line 2	PRB is exempt from Federal income taxes under provisions of section 501(c)(3) of the Internal Revenue Code. In addition, PRB has been classified by the Internal Revenue Service as a puclicly supported organization under Section 509(a)(1) of the Internal Revenue Code. PR B follows the provisions of the Financial Accounting Standards Board(FASB) Accounting Standards Codification(ASC) 740-10, Accounting for Uncertainty in Income Taxes. Income tax ben efits are recognized for income tax position will more-likely-than-not be sustained upon examination by taxing authorities. PRB has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. PRB believes that income tax filing positions will be sustained upon examination and does not anticipate an y adjustments that would result in a material adverse effect on PRB's financial position,

results of activities or cash flows Accordingly, PRB has not recorded any reserves or related accruals for taxes, interest and penalties for uncertain income tax positions at September 30, 2016 and 2015 PRB is open to examination by taxing authorities from 2013 forward

Supplemental Information

efile GRAPHIC print - D	O NOT PROCESS	As Filed Dat	a -	DLN:	93493221009307
SCHEDULE F (Form 990)	Statement of	Activities C	outside the Unit	ed States	OMB No 1545-0047
1 6/11/1 330)	► Complete i	=	answered "Yes" to Form 4b, 15, or 16.	990,	2015
Department of the Treasury nternal Revenue Service	nformation about Schedu		nd its instructions is at wi	ww.irs.gov/form990.	Open to Public Inspection
Name of the organization Population Reference Bureau I	nc			Employer ider 53-0214030	ntification number
	mation on Activiti organization answei		e United States. rm 990, Part IV, line	14b.	
For grantmakers. Doe and other assistance, used to award the gra	the grantees' eligibil			-	✓ Yes No
For grantmakers. Des assistance outside theActivites per Region (Th	United States				nts and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	
(1) Sub-Saharan Africa			Grantmaking		49,990
(2)					
(3)					
(4)					
(5)					1
3a Sub-total b Total from continuation s to Part I					49,990
c Totals (add lines 3a and For Paperwork Reduction Act Not		for Form 990.	Cat	No 50082W Sche	49,990 dule F (Form 990) 2015

Schedule F (Form 990)	2015							Page 2
Complete		ation answered "Ye	i zations or Entitie s" to Form 990, Par			eived more than \$5	,000. Part II can be	duplicated if
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa	ADVOCACY	49,990	WIRE			
(2)								
(3)								

(4) Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

	duplicated if addit			ed States. Complete	ir the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							

(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

provide the information required by Part 1, line 2 (monitoring of funds); Part 1, line 3, column (f) (accounting
method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III
(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete
this part to provide any additional information (see instructions).

990 Schedule F. Supplemental Information

	promonal amormation	
Return Reference	Explanation	
Part I, Line 2	PRB issues a Request for Proposals, which are carefully reviewed by both internal and external reviewers. Once the successful applicants are chosen, a PRB program manager and a PRB financial administrator manage the project	

990 Schedule F, Supplemental Information Return Reference Explanation

The accrual basis of accounting is used to report amounts in Part I and II

Part I and II

DLN: 93493221009307

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury **Employer identification number** Name of the organization Population Reference Bureau Inc

D.o.		214030		
E.G.	Part I Questions Regarding Compensation		T.,	
			Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed of 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding thes			
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal re	esidence		
	Tax idemnification and gross-up payments Health or social club dues or initiation fe	es		
	Discretionary spending account Personal services (e.g., maid, chauffeur,	chef)	 	
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding paymer reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?			
	directors, trustees, officers, including the CLO/Executive Director, regarding the items checked in line	2		
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 i	n Part III		
	▼ Compensation committee ▼ Written employment contract			<u> </u>
	✓ Independent compensation consultant Compensation survey or study			!
	Form 990 of other organizations A pproval by the board or compensation of	ommittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the fili or a related organization	ng organization		
а	a Receive a severance payment or change-of-control payment?	4a		No
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part	III		
	Only $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	a The organization?	5а		No
b	,	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	a The organization?	6 a		Νo
b	b Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixe payments not described in lines 5 and 6? If "Yes," describe in Part III	d 7		No
В	Were any amounts reported on Form 990, Part VII, paid or accured 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			l
		8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in R section 53 4958-6(c)?	egulations 9		

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (ı) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred benefits compensation		(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
Jeffrey N Jordan Trustee, President and CEO	(i)	254,187	0	0	19,845	11,512	285,544	0	
	(ii)	0	0	0	0	0	0	0	
2 Susan M Rich VP-Global Partnerships	(i)	178,961	2,500	0	12,830	10,389	204,680	0	
	(ii)	0	0	0	0	0	0	0	
3 Linda A Jacobsen VP-U S Programs	(i)	169,296	3,000	0	12,027	12,377	196,700	0	
	(ii)	0	0	0	0	0	0	0	
4 Rhonda R Smith Associate VP-International Pro	(i)	148,370	1,000	0	9,757	4,767	163,894	0	
	(ii)	0	0	0	0	0	0	0	
5 James Scott FORMER CFO/COO	(i)	108,873	0	0	5,527	5,622	120,022	0	

Return Reference Explanation				
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				
Schedule J (Form 990) 2015				

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934					
SCHEDULE (Form 990 of 990-EZ) Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional informatio Attach to Form 990 or 990-EZ.	to Form 990 or 990-EZ esponses to specific questions on any additional information. 990 or 990-EZ. o or 990-EZ) and its instructions is at			
Name of the orga Population Reference		Employer identif	ication number		
Return Reference	Explanation				
FORM 990, PART I, LINE 1	The Population Reference Bureau informs people around the world about population nd the environment, and empowers them to use that information to advance the well current and future generations				

990 Schedule O. Supplemental Information Return Explanation Reference FORM 990. PRB'S EXECUTIVE COMMITTEE MEETS EVERY TWO MONTHS AND IS EMPOWERED TO ACT ON BEHALE OF THE PART VI. FULL BOARD OF TRUSTEES. THE FULL BOARD OF TRUSTEES MEETS TWICE A YEAR IN PERSON AND ONCE V SECTION A. IA TELECONFERENCE LINE 1

990 Schedule O. Supplemental Information Return Explanation Reference

FORM 990. The organization's Form 990 undergoes a number of internal and external reviews before it PART IV. SECTION B. LINE 11

ees for final review and approval before it is filed with the IRS

is filed with the IRS. The return is prepared by the organization's public accounting firm . BDO USA, and is reviewed by the organization's Chief Financial Officer A final draft of the Form 990 is provided to each member of the organization's Executive and Audit Committ

990 Schedule O. Supplemental Information Return Explanation Reference FORM 990. Each Trustee, Director, Officer, and Key Employee completes a Conflict of Interest questio PART IV. nnaire which is reviewed by the CFO and the Chair of the Audit Committee Any questions ar SECTION B. e follow ed up by the Audit Committee Chair and a full report is given to the Board of Trus LINE 12C tees

990 Schedule O, Supplemental Information
Return

Reference FORM 990.

PART VI.

LINE 15

SECTION B.

Explanation

e full Board of Trustees The CEO and CFO review performance and compensation for department VPs and senior staff Department VPs review performance and compensation for their department employees The VPs meet together to review compensation recommendations to ensure equity across departments. Key employee and VP compensation is determined by the CEO and CF

O, in conjunction with a review by the HR Specialist, an independent contractor. Comparability data from similar organizations is used to compare both base salaries and increases

President/CEO compensation is determined by the PRB Executive Committee and approved by the

990 Schedule O. Supplemental Information Return Explanation Reference FORM 990. The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request and by way of Guidestar Additionally. Fi PART VI. nancial Statements are available in the organization's annual report and on PRB website SECTION C.

LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. There have been no changes during the year in the process for oversight of the audit of the financial statements

PART XII, LINE

990 Schedule O, Supplemental Information

Return

Reference FORM 990.

PART III. LINE

INTERNATIONAL PROGRAMS (CONTINUED) - provides country-level data on modern contraceptive p

Explanation

h of our training know ledge. As part of the USAID-funded PACE Project, PRB international m CONTINUED edia training program director, Deborah Mesce, created a Media Toolkit Helping Journalist s Get the Storvand Get It Right. The toolkit is a step-by-step guide to conducting a Women. s Edition-type training and reflects PRBs strong commitment to providing practical knowled

for "Subnational Policy Communication" Population, Health, and Environment"

revalence rates. This year, we took advantage of digital dissemination to broaden the reac

is was the "Year of the Toolkit" for the PACE Project. Project staff also created toolkits

ge as well as empowering others to use and share that knowledge independently. In fact, the

990 Schedule O, Supplemental Information

Return Reference	Explanation	
FORM 990, PART III, LINE 4B CONTINUED	US PROGRAMS (CONTINUED) - Although government programs such as Social Security, Medicare, and Medicaid have helped reduce poverty and improve the health of the older population, current projection indicate that these programs-as currently implemented- are not sustaina ble Making policy changes now will ensure that an effective safety net is in place when the yougest baby boomers retire. Toward a More Equitable Future. The Trends and Challenges Facing America's Latino Children, was produced by PRB and the National Council of La Raz a(NCLR) to present a snapshot of Latinos under age 18 to highlight areas of concern to policymakers. Results from the report show that during the past decade, Latinos have made important gains in several key areas of well-being- especially on measures of educational attainment, health insurance coverage, teenage births, and youth incarceration. But Hispanic youth continue to lag behind white youth on many key social and economic indicators. New projections by PRB show that the number of low-income Latino youth could increase by 45 per cent from 11 million today to nearly 16 million by 2050-if current levels of inequality persist in the future. Reducing these disparities, especially by reducing racial/ethnic gaps in poverty and education will improve economic conditions for millions of Latino parents and children, and also fuel economic grow the by creating a well-qualified workforce.	

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990,	COMMUNICATIONS PROGRAMS (CONTINUED) - From a natural resource perspective, Data Sheet indi
PART III, LINE	cators show, for example, that global carbon emissions rose 60 percent between 1992 and 20
4C	13, and renew able resources met only 18 percent of current energy demand in 2013 Dissemin
CONTINUED	ation of Data Sheet information to the global media yielded substantial coverage, includin

ation of Data Sheet information to the global media yielded substantial coverage, includin g in New sw eek International, Dawin Pakistan, The Citizen Tanzania, and Spain's El Pais

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990 DESCRIPTION CONTRACTUAL SERVICES TOTAL FEES 935697 PART IX LINE

11G