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Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No 1545-0047

A F	or the	e 2016 calendar year, or tax year beginning and	d ending		
B Cr	neck if	C Name of organization		D Employer identif	ication number
	Addre	POPULATION CONNECTION			
	Name chang			94-1	.703155
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er
	Final	2120 I CODEED NO	500	1 '	2)332-2200
	termin			G Gross receipts \$	24,004,680
	Amen			H(a) Is this a group r	
	Application			for subordinate	s? Yes XN
	pendir	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes N
Ta	ax-exe	empt status X 501(c)(3) 501(c)()) or 52	If "No," attach a	a list (see instructions)
		e: > WWW.POPULATIONCONNECTION.ORG		H(c) Group exemption	on number 🕨
		organization: X Corporation Trust Association Other ▶	L Year		M State of legal domicile. I
	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities SEE	PART	III, LINE 1.	
Activities & Governance					
a	2	Check this box if the organization discontinued its operations or disp	osed of mor	e than 25% of its net a	ssets
Se		Number of voting members of the governing body (Part VI, line 1a)	^	3	1
5		Number of independent voting members of the governing body (Part VI, line 16)		4	
S C		Total number of individuals employed in calendar year 2016 (Part V, line 2a)	~ 59/	5	
		Total number of volunteers (estimate if necessary)	//0%	6	7.
				7a	
Ž		Net unrelated business taxable income from Form 990 T, line 34.	011	> 7b	1
7	<u>v</u> _		Z (V)	Prior Year	Current Year
- }	8	Contributions and grants (Part VIII, line 1h)		7,993,518.	
e le		Program service revenue (Part VIII, line 2g)		3,359.	
Hevenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	/ h	136,903.	
2		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		265,742.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,399,522.	
\dashv		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,181,300.	3,160,80
- }			<u> </u>	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		2,208,291.	2,400,25
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	' -	54,254.	
ĕ		Professional fundraising fees (Part IX, column (A), line 11e)	110	34,434.	03,00
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 810, 1	140.	4,136,739.	3,394,56
		Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)	-	7,580,584	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-		
. 00	19	Revenue less expenses Subtract line 18 from line 12		818,938.	· (
Fund Balances	0.5	T	В	eginning of Current Year	
Balt		Total assets (Part X, line 16)		11,861,533.	
B		Total liabilities (Part X, line 26)		3,084,996.	
		Net assets or fund balances Subtract line 21 from line 20		8,776,537.	11,527,30
	rt II	Signature Block		 	
		Ities of perjury, I declare that I have examined this return, including accompanying schedu			ny knowledge and belief, it
ıe,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	r nas any knowledge.	1
		Surgesture of officer		Date 1311	1.1
ign		Signature of officer 5		שמוצ	
lere	•	JOHN SEAGER, PRESIDENT & CEO			
		Type or print name and title		Data	CTT DTW
		Print/Type preparer's name Preparer's gnature	CPA	Date Check	PTIN POD SUNT
aid		Eric J. Lawrence CAA 2 fr	MH	7/31/17 seif-emplo	
rep	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
se (Only	Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 RS discuss this return with the preparer shown above? (see instructions)			
		BETHESDA, MD 20814-2930		Phone no (<u>301) 951-909</u>
łav	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes

			Yes	No_
1`	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	•••
	public office? If "Yes," complete Schedule C, Part I	3_		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	_X_	
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, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a				
	Schedule D, Parts XI and XII	12a		X
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	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			3,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
46.	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18_	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		v
	complete Schedule G, Part III	19 Form	990	(2016
		CONT	JJU	にといしり

Form 990 (2016) POPULATION CONNECTION
Part IV Checklist of Required Schedules (continued)

			Yes	No
20à	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	:		
	any tax-exempt bonds?	24c		<u> </u>
	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		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		7.7
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	,		
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
_,	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			·
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	l 	_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?	·		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701 3? If "Yes," complete Schedule R, Part I	20		х
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338	1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335	 -	
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2016)

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable 1a 31			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	v	
ο-	(gambling) winnings to prize winners?	1c	_X_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 43			
		0.	v	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	ļ	х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
44	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		х
h	If "Yes," enter the name of the foreign country	44		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	······································	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	, ,	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		l I	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A		l	
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	0-		
d	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a 9b	<u> </u>	-
10	Section 501(c)(7) organizations. Enter	30		-
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	İ	1	
11	Section 501(c)(12) organizations. Enter		1	
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			-
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		1	Ì
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	İ
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	 	<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	L
		Forn	1 990	(2016)

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Form 990 (2016) POPULATION CONNECTION 94-1703155 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 14 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? X 8a Х b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 🛚 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a Х **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon 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 State the name, address, and telephone number of the person who possesses the organization's books and records ightharpoonup

Form 990 (2016)

632006 11-11-16

<u>JOHN SEAGER - (202)332-2200</u>

2120 L STREET, NW, SUITE 500, WASHINGTON, DC

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

94-1703155

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

• 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 fletther the organization		l	1111/26			iibei	isai	1		
(A)	(B)				C) ition	,		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than (Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation from	compensation from related	amount of other
•	week (list any	ē		Г			<u> </u>	the	organizations	compensation
	hours for	Individual trustee or director				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	stee			ensate		(W-2/1099-MISC)	,	organization
	organizations	l trus	at t	1	oyee	E C	ŀ			and related
	below	widua	institutional trustee	ie.	Key employee	Highest compensated employee	Former			organizations
	line)	Ē	tust	Officer	Ş.	팔	ē			
(1) J. JOSEPH SPEIDEL	2.00	ļ					l		_	
CHAIR		Х		X	ļ			0.	0.	0,
(2) JO LYNNE WHITING	2.00		ĺ	1					_	_
VICE CHAIR		X		Х			ļ	0.	0.	0.
(3) TOM SAWYER	2.00									_
TREASURER		X		Х	<u> </u>		<u> </u>	_0.	0.	0.
(4) HANIA ZLOTNIK	2.00			Ì					_	_
SECRETARY		X		X				0.	0.	0.
(5) AMY DICKSON	2.00	1	ļ						_	
BOARD MEMBER		X	_	<u> </u>	<u> </u>	ļ_	<u> </u>	0.	0.	0.
(6) DUFF GILLESPIE	2.00		ł	ł	ł				_	
BOARD MEMBER		X		_		↓_	<u> </u>	0.	0.	0.
(7) PADGETT KELLY	2.00								_	
BOARD MEMBER		X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(8) ANNA LAWSON	2.00								_	
BOARD MEMBER		X	_				<u> </u>	0.	0.	0.
(9) ADRIENNE MANSANARES	2.00]		ļ					_	
BOARD MEMBER		X	_		1	↓		0.	0.	0.
(10) SACHEEN NATHAN	2.00							_		
BOARD MEMBER		X		<u> </u>	L	<u> </u>	<u> </u>	0.	0.	0.
(11) BOB PETTAPIECE	2.00	1				}			_	_
BOARD MEMBER	ļ	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(12) DARA E. PURVIS	2.00									_
BOARD MEMBER	1.00	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(13) ESTELLE M. RABONI	2.00				,]
BOARD MEMBER		X	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(14) CAROL VLASSOFF	2.00		1	}	}	1	}			
BOARD MEMBER		X	L	_	<u> </u>			0.	0.	0.
(15) JOHN SEAGER	17.79		İ	1	1		1		Ė	1
PRESIDENT & CEO	19.71	_		X	\perp	<u> </u>		238,060.	0.	22,149.
(16) BRIAN DIXON	25.58		-				1			_
SR. VP FOR MEDIA & GOV. RELATIONS	11.92		L	<u> </u>	_	X	_	171,174.	0.	16,215.
(17) SHAUNA SCHERER	32.30									
VP FOR MARKETING & DEVELOPMENT	5.20	$oxed{oxed}$	<u> </u>	<u>L</u> .	L	X	ot	145,119.	0.	
632007 11-11-16										Form 990 (2016)

632007 11-11-16

Form **990** (2016)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	ompensated Employee	es (continued)			
(A)	(B)	0-1		(E)	ĺ	(F						
Name and title	I (do not check more t			one	Reportable	Reportable		Estim				
	hours per week	box, unless person is to officer and a director/to				compensation	compensation		amou			
	(list any	-						from the	from related organizations	1	oth comper	
	hours for	individual trustee or director				23		organization	(W-2/1099-MIS		from	
	related	te o	ustee			Highest compensated employee		(W-2/1099-MISC)	•	´	organi	zation
	organizations	l trus	Institutional trustee		oyee	g mo				- 1	and re	lated
	below	N Pin	titutio	Officer	Key employee	hest (Former			Ì	organız	ations
	line)	를	SE .	₽	Key	풀통	호					_
(18) PAMELA WASSERMAN	37.50											
SR. VP FOR EDUCATION		<u> </u>	L.,			X		172,850.		0.	<u> </u>	<u>565.</u>
(19) MARIA OROZCO-MARQUEZ	31.60											
CFO	5.90	_	_	_		X		128,494.		0.	13,	416.
(20) MARIAN STARKEY	34.37				ļ							
SR. DIRECTOR FOR COMMUNICATIONS	3.13	<u></u>		_		X		101,297.		0.	<u> </u>	525.
						_						
		ļ										
						<u> </u>						
					<u> </u>	<u> </u>						
		ļ								Į		
		<u> </u>				<u> </u>	L	•	· · · · · · · · · · · · · · · · · · ·			
										j		
		<u> </u>				1_						
		Į	İ									
		Ĺ			_	<u></u>						
1b Sub-total								956,994.		0.	94,	335.
c Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.		0.
d Total (add lines 1b and 1c)		_						956,994.		0.	94,	335.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) wł	o r	eceived more than \$100	,000 of reportabl	е		_
compensation from the organization												7
										г	Ye	s No
3 Did the organization list any former officer	, director, or tri	uste	e, ke	y er	nplo	oyee.	or	highest compensated e	mployee on		İ	
line 1a? If "Yes," complete Schedule J for s	such individual										3	X
4 For any individual listed on line 1a, is the si								•	the organization	ļ		l
and related organizations greater than \$15											4 2	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ıon f	from	any	y unr	elat	ted organization or indivi	dual for services			İ
rendered to the organization? If "Yes," con	nplete Schedul	e <i>J</i> 1	or s	uch	pers	son		<u></u>			_5	_ \ X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensa	ation fror	n
the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthı	n the organization's tax	/ear			
(A)								(B)			(C)	
Name and business	address		_					Description of s	ervices	C	ompensa	tion
LEWIS DIRECT								PRINT	Ì			
325 EAST OLIVER STREET,	BALTIMO	RE	, 1	MD	2	120	2	SERVICES/MAI	LING		498	493.
TECHNOLOGY JUNCTION COMP	ANY							IT SERVICES	&			
PO BOX 6122, ALEXANDRIA,	VA 223	06						EQUIPMENT/SO	FTWARE		150	766.
M&R STRATEGIC SERVICES I	NC, 190	1 :	ւ ։	ST	•]	NW		ONLINE FUNDR	AISING			
SUITE 800, WASHINGTON, D	C 20036							ADVISORS			114	575.
DIXON HUGHES GOODMAN LLP												-
500 RIDGEFIELD CT., ASHE	VILLE,	NС	_28	88	06			ACCOUNTING _			104	865.
								L				
2 Total number of independent contractors (including but r	ot l	mite	d to	tho	se li	stec	d above) who received n	nore than			-

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b 763,284 c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 10,397,307 g Noncash contributions included in lines 1a-1f \$ 143,264 h Total. Add lines 1a 1f 11,160,591 Business Code Program Service Revenue 2 a HONORARIUM 900099 4,953 4,953 f All other program service revenue g Total. Add lines 2a-2f 4.953 Investment income (including dividends, interest, and other similar amounts) 338,330. Income from investment of tax-exempt bond proceeds Royalties 5 22,358 22,358. (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 12,446,781 b Less cost or other basis and sales expenses 12,457,225 c Gain or (loss) -10,444 -1,131 d Net gain or (loss) -11,575. -11,575 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 5.484 b Less cost of goods sold 0 c Net income or (loss) from sales of inventory 5 484 Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 26,183 26,183. d All other revenue e Total. Add lines 11a 11d 26,183

375, 296,

12

632009 11-11-16

Total revenue See instructions.

11,546,324

Form 990 (2016) POPULATION CONNECTION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,160,800.	3,160,800.	general expenses	expenses
2	Grants and other assistance to domestic	3,100,000.	3,100,800.		
3	individuals See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 440	07 500	7 407	10 516
_	trustees, and key employees	123,443.	97,520.	7,407.	<u> 18,516.</u>
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,962,058.	1,497,682.	133,265.	331,111.
8	Pension plan accruals and contributions (include				<u> </u>
-	section 401(k) and 403(b) employer contributions)	77,709.	58,171.	5,070.	14,468.
9	Other employee benefits	91,888.	68,971.	5,972.	16,945.
10	Payroll taxes	145,159.	102,652.	15,724.	26,783.
11	Fees for services (non-employees)			-	
а	Management				
b	Legal	3,782.	2,865.	306.	611.
С	Accounting	182,920.	137,247.	12,893.	32,780.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	63,887.			63,887.
·f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch O.)	445,549.	377,692.	27,252.	40,605.
12	Advertising and promotion	2,812.	1,481.		1,331.
13	Office expenses	190,320.	123,909.	54,569.	11,842.
14	Information technology	156,334.	156,334.		
15	Royalties	222 554	051 045	00 002	60.006
16	Occupancy	333,554.	251,845.	20,803.	60,906.
17	Travel	90,315.	63,836.	3,001.	23,478.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	150 242	120 000	7 022	11 710
19	Conferences, conventions, and meetings	150,342.	130,809.	7,823.	11,710.
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	92,226.	64,232.	12,654.	15,340.
23	Insurance	58,097.	29,456.	22,346.	6,295.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	30,037.	<u> </u>	22,340.	
	amount, list line 24e expenses on Schedule 0.)	CE2 2C1	612 224	7.4	41 063
a		653,361.	612,224.	74.	41,063.
b		556,586.	465,472.	23,191.	67,923. 11,741.
c	DUDG TECHNICAS A MATTER	432,000. 19,371.	418,153. 7,648.	2,106.	11,741.
d	All	26,992.	24,588.	884.	1,520.
e 25	Total functional expenses Add lines 1 through 24e	9,019,505.	7,853,587.	355,770.	810,148.
<u>25</u> 26	Joint costs Complete this line only if the organization		,,000,007.	333,1100	010,140
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	858,035.	678,663.	0.	179,372
63201	10 11-11-16				Form 990 (2016

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1,535,273. Cash - non-interest bearing 1,838,558. 1 5,375,738. 2 Savings and temporary cash investments 2 6,103,271. 3 Pledges and grants receivable, net 250,000. 3 476,104. 4 Accounts receivable, net 335,085. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 207,770. 7 Notes and loans receivable, net 7 Inventories for sale or use 15,128. 15,241. 8 92,492. 55,754. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 730,945. basis Complete Part VI of Schedule D 10a 426,956. b Less accumulated depreciation 10b 365,539. 303,989. 10c 4,372,457. 3,300,619. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 69,283. 66,261. 12 13 Investments - program related See Part IV, line 11 13 14 Intangible assets 14 120,302. 15 Other assets See Part IV, line 11 15 1,014,648. 16 Total assets. Add lines 1 through 15 (must equal line 34) 11,861,533. 14,051,979. 16 17 Accounts payable and accrued expenses 265,585. 266,840. 17 18 Grants pavable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 1,145,915. 21 Escrow or custodial account liability Complete Part IV of Schedule D 1,197,948. 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 24) Complete Part X of Schedule D 1,673,496. 25 1,059,887. 3,084,996. 2,524,675. 26 Total liabilities Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 8,641,537. 11,276,304. 27 28 Temporarily restricted net assets 134,000. 250,000. 28 29 Permanently restricted net assets 1,000. 1,000. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 8,776,537. 33 11,527,304.

> 14,051,979. Form **990** (2016)

34

Total liabilities and net assets/fund balances

11,861,533.

34

Form	990 (2016) POPULATION CONNECTION	94-1703	155	Pa	ge 12
Par	t XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI				
•					
1	Total revenue (must equal Part VIII, column (A), line 12)		.,540		
2	Total expenses (must equal Part IX, column (A), line 25)	2 9	,01	9,5	05.
3	Revenue less expenses Subtract line 2 from line 1		,52		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		77		
5	Net unrealized gains (losses) on investments	5	22:	3,9	48.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 11	,52	7,3	04.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	·			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	iule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
	Act and OMB Circular A 133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		1

Form **990** (2016)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 94-1703155 POPULATION CONNECTION Part ī Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 🕍 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (n) EIN in your governing document? (described on lines 1 10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990 EZ) 2016 POPULATION CONNECTION 94-1703155 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	ĺ					
	ınclude any "unusual grants ")	3,949,421.	5,548,499.	10,868,301.	7,993,518.	11,160,591.	39,520,330.
2	Tax revenues levied for the organ-			,			
	ization's benefit and either paid to	İ	Ì				
	or expended on its behalf						
3	The value of services or facilities				}		
•	furnished by a governmental unit to	į					
	the organization without charge						
4	Total. Add lines 1 through 3	3,949,421.	5 548 499.	10,868,301.	7,993,518.	11,160,591.	39,520,330.
5	The portion of total contributions						
	by each person (other than a	ļ	ļ				
	governmental unit or publicly	ļ					
	supported organization) included]	}				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	[
	column (f)	(ĺ			_	2,239,356.
6	Public support. Subtract line 5 from line 4						37 280 974.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning ın) ► 🧵	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	3,949,421,	5,548,499.	10,868,301.	7,993,518.	11,160,591.	39,520,330.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	41,695.	81,325.	89,544.	140,651.	360,688.	713,903.
9	Net income from unrelated business			l			
	activities, whether or not the	1				}	}
	business is regularly carried on	·					
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	1.			255,694.	26,183.	281,878.
11	Total support. Add lines 7 through 10			<u> </u>			40,516,111.
12	Gross receipts from related activities,	, etc (see instructio	ons)			12	44,513.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	,
Sec	organization, check this box and stor ction C. Computation of Publ	o here lic Support Per	centage			 	
	Public support percentage for 2016 (column (f))		14	92.02 %
	Public support percentage from 2015	· · · · · · · · · · · · · · · · · · ·	•	("		15	97.18 %
16a	33 1/3% support test - 2016. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this be	
	stop here. The organization qualifies						$\triangleright [X]$
t	33 1/3% support test - 2015. If the		-		l line 15 is 33 1/3%	6 or more, check ti	nis box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					_	▶□
t	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	n in Part VI how th	e
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		=				ns 🕨 🗀
					Sche	edule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 POPULATION CONNECTION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")			<u></u>			
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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-	-					
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities				_		
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	·	 		+	 	<u> </u>
7a Amounts included on lines 1, 2, and		 		-		
3 received from disqualified persons					[
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)				 		
Section B. Total Support			<u> </u>		<u> </u>	-
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	(-/	3-7	(9) = 9 + 9	(2/	(5)	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years If the Form 990 is for t	he organization	's first, second, thii	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here			<u> </u>			
Section C. Computation of Public	Support Po	ercentage				
15 Public support percentage for 2016 (lin			column (f))		15	
16 Public support percentage from 2015 S		•			16	
Section D. Computation of Invest						
17 Investment income percentage for 201			ne 13, column (f))		17	
18 Investment income percentage from 20		•			18	
19a 33 1/3% support tests - 2016. If the o			on line 14, and lin	e 15 is more than	· · · · · · · · · · · · · · · · · · ·	7 is not
more than 33 1/3%, check this box and	_					▶ [
b 33 1/3% support tests - 2015. If the o	•			• • •		and
line 18 is not more than 33 1/3%, chec	_					_
20 Private foundation. If the organization		•	•	, , , , , , , , , , , , , , , , , , , ,	-	
Louis reaction and organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 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
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
		i
2		
3a		
3b		
3с		
<u>4a</u>		
4b		
4c		
		<u> </u>
5a_		[]
5b 5c		
6		
-		
7		
8	-	-
i		
9a	-	-
9b	ļ	ļ
9c		
10a		
10b 90 or 9	⊥ 90-Е7) 201

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Current Year

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

Section C - Distributable Amount

4 Enter greater of line 2 or line 35 Income tax imposed in prior year

instructions)

2 Enter 85% of line 1

Adjusted net income for prior year (from Section A, line 8, Column A)

6 Distributable Amount, Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

2

<u>3</u>

5

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
<u></u>	
	
	
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·

632028 09-21-16

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4),	(5), or (6) organizat	ions Complete Part III			
Nan	ne of organization				Empl	oyer identification number
		POPULAT	ION CONNECTION			94-1703155
Pa	art I-A Com	plete if the org	anization is exempt ur	ider section 501(c)	or is a section 527 o	rganization.
2	Provide a descrip Political campaig Volunteer hours t	n activity expendit		tical campaign activities		
Pa	art I-B Com	olete if the ord	anization is exempt ur	der section 501(c)	(3).	
			incurred by the organization u			
		•	incurred by organization mana		_	
3	If the organizatio	n incurred a sectio	n 4955 tax, did it file Form 472	20 for this year?		Yes No
4a	Was a correction	made?				Yes No
-	o If "Yes," describe					
Pa	art I-C Com	plete if the org	anization is exempt ur	nder section 501(c)	, except section 501(c)(3).
1	Enter the amoun	t directly expended	by the filing organization for	section 527 exempt func	tion activities > \$	
2			zation's funds contributed to	other organizations for s		
_	exempt function				▶ \$	
3	•	ction expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	-, • •	
4	line 17b	anization file Form	1120-POL for this year?		•	Yes No
5			nployer identification number ((EIM) of all section 527 pc		
•			tion listed, enter the amount p			
		-	omptly and directly delivered t			· · · · · · · · · · · · · · · · · · ·
	political action co	ommittee (PAC) If	additional space is needed, pr	ovide information in Part	: IV	
	(a) Na	me	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds If none, enter -0-	contributions received and promptly and directly
						delivered to a separate political organization If none, enter 0-
						
						

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016	POPULATIO	N CONNECTIO	ON	94-1	703155 Page 2
Part II-A Complete if the org	janization is e	xempt under sed	ction 501(c)(3) and fi	led Form 5768 (el	ection under
expenses, and sha	re of excess lobby	ing expenditures)	ist in Part IV each affiliated	d group member's nam	e, address, EIN,
Limi	ts on Lobbying E	A and "limited control		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli b Total lobbying expenditures to infli		,	٥,	0. 566,110.	
c Total lobbying expenditures (add li	es			566,110. 8,453,395.	
e Total exempt purpose expenditure f Lobbying nontaxable amount Enti- if the amount on line 1e, column (a) of	er the amount fron	n the following table in		9,019,505.	
Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,500 Over \$1,500,000 but not over \$17,000 Over \$17,000,000	20% 0,000 \$10 500,000 \$17 ,000,000 \$22	5,000 plus 10% of the			
g Grassroots nontaxable amount (er h Subtract line 1g from line 1a If zer i Subtract line 1f from line 1c If zero	nter 25% of line 1f) to or less, enter -0- to or less, enter -0-		appretion file Form 4700	150,244. 0. 0.	
j If there is an amount other than ze reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section		nder section 501(h) not have to complete all or lines 2a through 2f.)	of the five columns b	elow.
	Lobbying Ex	penditures During 4	-Year Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	366,98	1. 483,54	529,029	600,975.	1,980,526.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,970,789.
c Total lobbying expenditures	93,42	4. 97,66	184,645	566,110.	941,848.
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))	91,74	5. 120,88	132,257	150,244.	495,131. 742,697.
					1

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2016 POPULATION CONNECTION 94-1703155 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the lobbying activity	Yes	No	Amo	ount
 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? 				
	-			
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?			-	
Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		R (b) Par		ne 3, is
1 Dues, assessments and similar amounts from members		1_		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cai			
expenses for which the section 527(f) tax was paid). a Current year		0-		
b Carryover from last year		2a 2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		 _
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and it 				
expenditure next year?		4_		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group instructions), and Part II B, line 1 Also, complete this part for any additional information	o list), Part I	l A, lines 1	and 2 (see	
•				

SCHEDULE D

Department of the Treasury

(Form 990)

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 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

	POPULATION CONNECT	ION		94-1703155
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6		
		(a) Donor advised funds	(b)	Funds and other accounts
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 advisors in	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only	у
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferrin	g
	impermissible private benefit?			Yes No_
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, Iir	ne 7
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically in	nportant land area
	Protection of natural habitat	· Preservation of a cert	ified histo	oric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a cons	ervation easement on the last
	day of the tax year	,		Held at the End of the Tax Year
а	Total number of conservation easements		2	2a
b	Total acreage restricted by conservation easements		2	2b
С	Number of conservation easements on a certified historic sti			2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organiza	ation during the tax
	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
^	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, riandling of violations, and emorcing cons	servation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerva	tion asso	ments during the year
′	\$\Delta\$ \$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$, and emorcing conserva	ilion ease	ments during the year
8	Does each conservation easement reported on line 2(d) abor	we satisfy the requirements of section 170	(h)(4)(R)(i)	
Ū	and section 170(h)(4)(B)(ii)?	vo dationy the requirements or section 110	(1.)(1.)(0)	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	stateme	
-	include, if applicable, the text of the footnote to the organiza	•		
	conservation easements			
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Si	milar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	nent and	balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of pu	iblic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic servi	ce, provide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		ı	> \$
	(II) Assets included in Form 990, Part X		I	\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, pr	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		İ	\$
b	Assets included in Form 990, Part X			\$

Schedule D (Form 990) 2016

632051 08-29-16

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

		ION CONNEC							Page 2
Pai	rt III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of	the following that	at are a si	gnificant	use of its	collection	items
•	(check all that apply)								
а	Public exhibition	d	I 💹 Loan or	exchange progr	rams				
b	Scholarly research	е	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co						ose in Par	t XIII	
5	During the year, did the organization solicit o				ner sımılar	assets		_	
D	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the organia	ation answered	"Yes" on	Form 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pai							····	
1a	Is the organization an agent, trustee, custode	an or other intermed	liary for contribi	itions or other a	ssets not i	included		_	
	on Form 990, Part X?						L	」 Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
	_							Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					ty?	LX	Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII								<u>X</u>
Fai	t V Endowment Funds. Complete i							T	
		(a) Current year	(b) Prior yea			d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	1,000.	1,0	00.	1,000.		1,000.		1,000.
b	Contributions								
С.	Net investment earnings, gains, and losses	-							
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
Ţ	Administrative expenses								
g	End of year balance	1,000.	1,0		1,000.		1,000.		1,000.
2	Provide the estimated percentage of the curr	•	. •	nn (a)) heid as					
a	Board designated or quasi-endowment	.00	%						
b	Permanent endowment ▶ 100.00 Temporarily restricted endowment ▶	% •00 %							
С	· · ·								
20	The percentages on lines 2a, 2b, and 2c sho	•			al £ Al-				
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation that are ne	eia ana aaministi	erea for th	ie organi	zation	Γ,	<u> </u>
	(i) unrelated organizations								Yes No
	(ii) unrelated organizations (iii) related organizations							3a(ı)	X X
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as requi	rad on Cabadul	. D2				3a(iı)	
4	Describe in Part XIII the intended uses of the	•		; n /				3b	
	t VI Land, Buildings, and Equipm		willent lands						
	Complete if the organization answered) Part IV line 1	la See Form 99	∩ Part X	line 10			
	Description of property	(a) Cost or o		Cost or other		cumulate	2d	(d) Pool	
	bescription of property	basis (investr	, , ,	asis (other)	1 ' '	reciation	- 1	(d) Book	value
12	Land	2230 (1110011		20.0 (01.101)	300	. 50.0101			
	Buildings					·			
	Leasehold improvements			266,880.	1	52,2	13	11 /	1,637.
ď	Equipment			282,804.		.54,6			3,122.
	Other		- 	181,261.		$\frac{34,0}{20,0}$,230.
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B) I				<u> </u>		3,989.
101		<u>, , , , , , , , , , , , , , , , , , </u>	, 00:0:1111 D/, 1	/					. , <i></i> •

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 POPULATION (CONNECTION		94-1703155 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)	•		
(E)			
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV.	line 11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)	•		
(5)			
(6)			
(7)			
(8)			•••
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV	line 11d See Form 990, Part X, line 15	
	Description	<u> </u>	(b) Book value
(1) DEPOSITS	· ·		23,193
(2) DUE FROM RELATED PARTY			496,455
(3) GIFT ANNUITY		,	495,000
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		1 ,014,648
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990. Part IV	line 11e or 11f See Form 990, Part X, lin	e 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) GIFT ANNUITY LIABILITY		938,179.	
(3) DEFERRED RENT		121,708.	
(4)		121,700.	
(5)			
(6)			
(7)			
\'./			

1,059,887. Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2016

(8)

	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per B		n Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		in november per i		/ ! •
• 1	Total revenue, gains, and other support per audited financial statements			1	12,126,272.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			 '	12,120,2720
a	Net unrealized gains (losses) on investments	2a	223,948.	ļ	
b	Donated services and use of facilities	2b	356,000.		
c	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIII)	2d]	
е	Add lines 2a through 2d			2e	579,948.
3	Subtract line 2e from line 1			_3_	11,546,324.
4	Amounts 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		1	
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u> </u>	5	11,546,324.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Hetu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			r	0 275 505
1	Total expenses and losses per audited financial statements			1	9,375,505.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	256 000	1	
a	Donated services and use of facilities	2a	356,000.	1	
b	Prior year adjustments	2b		1	
C	Other losses	2c		1	
d	Other (Describe in Part XIII) Add lines 2a through 2d	2d		2e	356,000.
е 3	Subtract line 2e from line 1			3	9,019,505.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			-5	3,013,303.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b		1	
С	· · · · · · · · · · · · · · · · · · ·			4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	9,019,505.
Pa	rt XIII Supplemental Information.				
Prov	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	IV, lines	1b and 2b, Part V, line	4, Par	t X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addit	tional in	formation		
	0-				
PA.	RT IV, LINE 2B:				
חזזי	DING 2014 MUR DREGIDENM AND GEO OF DODIII A	TK A TU	CONNECTION	נו א די	\ \PPT\TXIIV
טט.	RING 2014, THE PRESIDENT AND CEO OF POPULAT	LTON	CONNECTION	TAL	OFFICIALLI
BE.	EN ASSIGNED AS THE COURT APPOINTED ADMINIST	ייי ב כויי	אר או דכיי	י∆ידה	י דיי דיכ
<u> 1712</u>	EN ADDIGNED AS THE COOK! AFFOINTED ADMINIO	TIVET	OR OF AN EDI	. ALL	1. 11 10
ΑN	TICIPATED THAT THERE ARE TWO BENEFICIARIES	WHO	WILL SHARE	EOU	JALLY IN THE
	<u> </u>				
NE	T PROCEEDS. POPULATION CONNECTION WILL ASSI	IST :	IN DISPOSING	OF	SEVERAL
AS	SETS, ESTABLISHING VALUES AND GETTING COURT	r AP	PROVAL FOR V	/ARI	OUS
<u>AC</u>	TIONS, INCLUDING THE SALE OF A HOUSE.				
	•				
<u>AS</u>	OF DECEMBER 31, 2016, POPULATION CONNECTION	H NC	AS INCURRED	EXE	PENSES ON
TH	E ESTATE'S BEHALF OF \$85,985. IN ADDITION,	INC.	LUDED IN THE	<u>:_A</u> C	COMPANYING
	MANGTAL CHAMBURNES TO A CASE SEE CORRESPOND	O T 3 T A	A CHESTOST T T T T) T T T	my according
rI	NANCIAL STATEMENTS IS A CASH AND CORRESPOND	DING	AGENCY LIAI	רידדכ	ACCOUNT
TAT	THE AMOUNT OF \$1,197,948 AS OF DECEMBER 3	1 2	016		
		<u>., </u>	010.	Scho	edule D (Form 990) 2016
0320	54 08-29-16			JULIE	2010 P (1 01111 320) EO 10

Part XIII Supplemental Information (continued)
PART V, LINE 4:
PERMANENTLY RESTRICTED NET ASSETS REPRESENT THE LES CORSA FUND ESTABLISHED
IN 1988. THE INCOME EARNED ON THE INVESTMENT OF THE ORIGINAL CONTRIBUTIONS
IS TO BE USED TO PROVIDE AN ANNUAL AWARD FOR THE POPULATION CONNECTION
MEMBER WHO HAS MADE OUTSTANDING CONTRIBUTIONS IN THE FIELD OF POPULATION
POLICY AND FAMILY PLANNING.
PART X, LINE 2:
FOR THE YEAR ENDED DECEMBER 31, 2016, THE ORGANIZATIONS HAVE DOCUMENTED
THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES
GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT
NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR
DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.
6
_
<u></u>

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number POPULATION_CONNECTION 94-1703155 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (IV) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity òrganization listed in col (i) Yes No M&R - 1901 L ST. NW STE #800. WASHINGTON DC 20036 42,305 Х 319,248 276,943. ONLINE ADVISE DONOR SERVICE GROUP - 6715 SUNSET BLVD., LOS ANGELES, CA 14,359 21,582 -7.223. TELEMARKETING Total 333,607 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MN, MS, NH, NM, NY, NC, ND, OH, OK, PA, RI SC, TN, UT, VA, WA, WV, WI

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

Schedule G (Form 990 or 990-EZ) 2016

632081 09-12-16

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col (a) through col (c)) (event type) (event type) (total number) Gross receipts 2 Less Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue col (a) through col (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain Schedule G (Form 990 or 990-EZ) 2016 632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 POPULATION CONNECTION

94-1703155 Page 2

Schedule G (Form 990 or 990-EZ) 2016 POPULATION CONNECTION	94-1703155 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	1 1
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds
Name	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	ount .
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address >	
16 Gaming manager information	
Name >	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and I	Part III lines 9 9h 10h 15h
15c, 16, and 17b, as applicable Also provide any additional information. See instructions	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ATCFPC.
Deniboli o, Taki I, DINE 20, DIDI OI TEN HIGHEST TAID TONDIC	IIDEND.
/I) NAME OF FINIDATORD, MCD	
(I) NAME OF FUNDRAISER: M&R	
(I) ADDRESS OF FUNDRAISER: 1901 L ST. NW STE #800, WASHINGTO	ON, DC 20036
/=\	
(I) NAME OF FUNDRAISER: DONOR SERVICE GROUP	
(I) ADDRESS OF FUNDRAISER: 6715 SUNSET BLVD., LOS ANGELES, O	CA 90028
632083 09-12-16 Schedule	G (Form 990 or 990-EZ) 2016

Schedule C	(Form 990 or 990-EZ) Supplemental Infor	POPULATION	CONNECTION	94-1703155 Page 4
Part IV	Supplemental Infor	mation (continued)		
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

2 Employer identification number 94-1703155 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States POPULATION CONNECTION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Parti

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com	Domestic Organi \$5,000 Part II car		c Governments. Conal space is need	omplete if the orga ed	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed	IV, line 21, for any
1 (a) Name and address of organization or government	(a)	(of applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
POPULATION CONNECTION ACTION FUND 2120 L ST. NW, SUITE 500 MASSHYNGTON DC 20037	46-3083014	501(C)(4)	3 050 000	0			SEE DESCRIPTION ON PART
CONSERVATION THROUGH PUBLIC. HEALTH C/O THE SUMMIT FOUNDATION, 1717 K ST. NW #1050 - WASHINGTON, DC 20006	37-1455761	501(C)(3)	50,000.	0 .			PROGRAM SUPPORT
GREENLATINOS 801 PENNSYLVANIA AVE NW #1010 WASHINGTON DC 20004	26-3386082	501(C)(3)	25,000.	• 0			PROGRAM SUPPORT
1	52-1271888	501(C)(3)	10 000	0			PROGRAM SUPPORT
FARMWORKER JUSTICE 1126 16TH ST. NW SUITE 270 WASSHINGTON DC 20036	52-1196708	501(C)(3)	10 000	o			PROGRAM SUPPORT
	47-1722806	501(C)(3)	N 800	o			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and government organizations	ind government of						5.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2016)

Page 2 (f) Description of noncash assistance 94-1703155 (e) Method of valuation (book, FMV, appraisal, other) CONNECTION ACTION FUND. POPULATION CONNECTION IS THE SOLE VOTING MEMBER OF POPULATION Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed CONTINUOUS BASIS. POPCONN ALSO SUPPORTS LIKE MINDED ORGANIZATIONS WITH AND ITS RECORD KEEPING IS MAINTAINED BY POPULATION COMPATIBLE GOALS AND MAKES CONTRIBUTIONS TO SUPPORT THEIR MISSIONS THEREFORE, MONITORING OF THE GRANT IS DONE ON A (d) Amount of non-cash assistance POPULATION CONNECTION GAVE A GRANT TO A RELATED ORGANIZATION, (c) Amount of cash grant (b) Number of recipients POPULATION CONNECTION (a) Type of grant or assistance CONNECTION STAFF. THE ACTION FUND, PART I, LINE 2: Schedule I (Form 990) (2016) Part III

Schedule I (Form 990) (2016)

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.

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

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

OMB No 1545-0047

POPULATION CONNECTION

94-1703155

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990),		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			r
	First-class or charter travel Housing allowance or residence for personal of the contract of t	use		
	Travel for companions Payments for business use of personal reside	nce		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account . Personal services (such as, maid, chauffeur, o	:hef)	1	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			l
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	_2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	ı's		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	:o		i
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			ļ
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation compensation	nittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization		1	ĺ
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	ļ	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			[
	Only section 501(c)(3), 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		1	
	contingent on the revenues of		-	1
a	The organization?	5a		_X
b	Any related organization?	_5b	<u> </u>	X
	If "Yes" on line 5a or 5b, describe in Part III	1		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
	The organization?	_6a	<u> </u>	X
b	Any related organization?	6b	↓	<u> X</u>
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 69 If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		ĺ
	ınıtıal contract exception described in Regulations section 53 4958 4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	<u>1</u>	<u> </u>
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	2016

94-1703155

POPULATION CONNECTION

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(B) Br	eakdown of M	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i)	(ı) Base compensation	(n) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(C)-(i)(B)	in column (B) reported as deferred on prior Form 990
(1) JOHN SEAGER	() 198	8,060.	40,000.	0	14,900.	7,249.	260,209.	0
SIDENT & CEO		0	0	0	0	0	0	0
NOXIO	(1) 155	5,524.	15,650.		9,305.	6,910.	187,389.	0
VP FOR MEDIA & GOV, RELATIONS		0		0	0	0		0
SHAUNA SCHERER	(1) 119	9,719.	25,400.	0.	7,804.	6,661.	159,584.	0.
DEVELOPMENT	(11)	0	0	0	0	0.	0	0
	(1) 157,	7,050.	15,800.	0.	9,605.	6,960.	189,415.	0.
SR, VP FOR EDUCATION	(11)	0	0	0.	0	.0	0.	0
	(i)							
	(11)							
	(i)		i					
	(E)							
	(E)							
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	(ı)							
	(II)							
	(J)			•				
	(II)							
	(ı)							
	(11)							
	(i)		•					
	(11)							
	(j)							
	(II)							
	(1)							
	(11)							
	Ξ							
	(II)							
	Ξ							
	(ii)							
				,			Schedu	Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

POPULATION CONNECTION

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

Noncash Contributions

Inspection Employer identification number

94-1703155

Pa	rt I Types of Property		 .		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art · Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	23	69,764.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				

11	Securities - Partnership, LLC, or				
	trust interests		<u>_</u>		·
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				_
14	Qualified conservation contribution - Other				
15	Real estate - Residential	Х	1	24,000.FMV	
16	Real estate Commercial				
17	Real estate - Other	X	1	49,500.FMV	
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
~-	Other N				

27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			1
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			1
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х	<u> </u>
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			İ

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

Schedule M (Form 990) (2016)

26

describe in Part II

Part II	ıs reportır	mental ling in Part I, for any addi	nforma column	ation. Po	rovide the ii umber of co	nformation ontribution	required b	y Part I, lines per of items i	s 30b, 32b, a received, or a	nd 33, and wl combination	-1/0315! nether the org of both Also	D Page 2 anization complete
SCHED	OULE M,	PART	I, C	OLUMI	N_(B):							
THIS	COLUMN	INCLU	IDES	THE I	NUMBER	OF C	ONTRI	BUTIONS	RECEI	VED.		
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Schedule M (Form 990) (2016)

632142 08-23-16

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

POPULATION CONNECTION

Employer identification number 94-1703155

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY EARTH'S RESOURCES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AND INTERNATIONAL FAMILY PLANNING ISSUES, AS WELL AS INTERACTIVE LOBBY
TRAINING. OUR GROUP REPRESENTED 21 STATES AND THE DISTRICT OF COLUMBIA,
MEETING WITH 153 MEMBERS OF CONGRESS TO ADVOCATE FOR A GREATER U.S.
INVESTMENT IN INTERNATIONAL FAMILY PLANNING, SUPPORT FOR UNFPA, AND A
PERMANENT LEGISLATIVE BAN ON THE GLOBAL GAG RULE.
- HOSTED 10 FIELD EVENTS FOR STUDENT AUDIENCES, AT CAMPUSES ACROSS THE
COUNTRY (AZ, NH, NC, OH)
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
REFUTE THE "BIRTH DEARTH" MYTH AND HELP US FORMULATE PROGRESSIVE
SOLUTIONS TO THE CHALLENGES OF POPULATION STABILIZATION. WE'RE HOSTING
A DEDICATED WEBSITE, WHERE THE E-BOOK IS AVAILABLE FOR DOWNLOAD. THE
BOOK IS ALSO AVAILABLE VIA AMAZON IN A VARIETY OF FORMATS. A RADIO TOUR
FOLLOWED THE BOOK'S PUBLICATION, WITH A STEADY STREAM OF LIVE AND TAPED
INTERVIEWS, INCLUDING NEVADA'S KNPR-FM; AN NPR STATION COVERING
SOUTHERN OREGON AND NORTHERN CALIFORNIA; AND A TALK SHOW ON CLEVELAND'S
WERE-AM.
NEWS MEDIA
- TWO LETTERS TO THE EDITOR PUBLISHED IN THE NEW YORK TIMES
- A LETTER TO THE EDITOR IN THE PORTLAND PRESS HERALD
- AN OP-ED IN THE TULSA WORLD BY OUR BOARD CHAIR
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization POPULATION CONNECTION	Employer identification number 94-1703155
- A BLOG POST IN MS. MAGAZINE	
- AN OP-ED IN THE DAILY HAMPSHIRE GAZETTE BY ONE OF OUR D	ONORS AND
ACTIVISTS, WITH OUR ASSISTANCE	
- AN OP-ED IN THE CONCORD (NH) MONITOR BY ONE OF OUR SUPP	ORTERS, WITH
OUR ASSISTANCE	
- SEVERAL ARTICLES ON THE RESULTS OF OUR STUDENT VIDEO CO	NTEST
QUARTERLY MAGAZINE	
WE PUBLISHED FOUR ISSUES OF POPULATION CONNECTION MAGAZIN	E WITH THE
FOLLOWING THEMES:	
- THE DUELING TRENDS OF FERTILITY DECLINE AND RAPID POPUL	ATION GROWTH
IN THE DEVELOPING WORLD	
- LATIN AMERICA, WITH A FOCUS ON THE ZIKA VIRUS	
- ABSTINENCE-ONLY SEX EDUCATION AND PURITY PLEDGES IN THE	UNITED STATES
- CONSERVATION AND FAMILY PLANNING IN UGANDA	
	<u> </u>
BLOGS	
JOHN SEAGER PUBLISHED FIVE POSTS ON HIS DEDICATED HUFFING	TON POST BLOG.
WE WROTE 31 POSTS FOR OUR OWN POPULATION CONNECTION WEBSI	TE BLOG.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:
TRAINED TO FACILITATE POP-ED WORKSHOPS.	
- JUDGED THE 5TH ANNUAL VIDEO CONTEST FOR MIDDLE AND HIGH	SCHOOL
STUDENTS, COVERING THE TOPICS OF DEFORESTATION, PUBLIC HE	ALTH AND WATER
SCARCITY. OPENED THE 6TH ANNUAL VIDEO CONTEST FOR SUBMISS	IONS.
- SAW A 100% INCREASE IN WEB TRAFFIC OVER THE PREVIOUS YE	AR (2015) TO
OUR PROGRAM WEBSITE, WWW.POPULATIONEDUCATION.ORG	
-LAUNCHED A NEW ONLINE COURSE FOR MIDDLE AND HIGH SCHOOL 632212 08-25-16 Schee	SCIENCE AND dule O (Form 990 or 990-EZ) (2016)

Name of the organization Employer identification number 94-1703155 POPULATION CONNECTION SOCIAL STUDIES TEACHERS THAT PROVIDES GRADUATE CREDIT THROUGH THE UNIVERSITY OF MISSOURI, KANSAS CITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GOVERNMENT RELATIONS: TO INFORM CONGRESS AND THE ADMINISTRATION ABOUT POPULATION ISSUES AND TO ADVOCATE THE ADOPTION OF MEASURES TO MOVE THE UNITED STATES AND THE WORLD TOWARDS STABILIZING POPULATION: TO INFLUENCE POPULATION-RELATED LEGISLATION; TO MOBILIZE MEMBERS TO TAKE ACTION ON PENDING LEGISLATION. 2016 HIGHLIGHTS: INTERNATIONAL ENGAGEMENT UNDER ITS PROGRAM OF INTERNATIONAL ENGAGEMENT, LAUNCHED IN 2015, THE ORGANIZATION UNDERTOOK ACTIVITIES AIMED AT IDENTIFYING OPTIONS AND STRATEGIES FOR BROADER ORGANIZATIONAL ENGAGEMENT IN ORDER TO INCREASE SUPPORT FOR INTERNATIONAL FAMILY PLANNING THROUGH BILATERAL DONORS AND SUCH MULTILATERAL DONORS AS THE UN POPULATION FUND AND THE WORLD BANK. DURING 2016, POPULATION CONNECTION WAS PRESENT AT SUCH KEY INTERNATIONAL MEETINGS AS WOMEN DELIVER, A GLOBAL CONFERENCE ON WOMEN'S ISSUES HELD IN DENMARK IN MAY, AND THE ANNUAL MEMBERSHIP MEETING OF THE REPRODUCTIVE HEALTH SUPPLIES COALITION IN SEATTLE IN SEPTEMBER. AT THE TIME OF THE UN GENERAL ASSEMBLY MEETING IN SEPTEMBER, POPULATION CONNECTION SPONSORED A "GLOBAL CALL TO ACTION" TO DRAW ATTENTION TO A LOOMING SHORTFALL IN CRITICALLY NEEDED FUNDING FOR CONTRACEPTIVE COMMODITIES. THE CONTRACEPTIVE COMMODITY FUNDING GAP WAS A PRINCIPAL AREA OF ENGAGEMENT WITH INTERNATIONAL COLLEAGUES THROUGHOUT 2016. WORKING THROUGH THESE SAME COALITIONS, POPULATION CONNECTION CONTINUED

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

Name of the organization POPULATION CONNECTION	Employer identification number 94-1703155
. MONITORING THE GLOBAL FINANCING FACILITY, A NEW FINANCING	MECHANISM FOR
REPRODUCTIVE, MATERNAL, CHILD AND ADOLESCENT HEALTH HOUSE	D AT THE WORLD
BANK.	
EXPENSES \$ 1,045,923. INCLUDING GRANTS OF \$ 545,000.	REVENUE \$ 0.
MEMBERSHIP: SUCCESS IN THE AREAS OF ADVOCACY AND PUBLIC E	DUCATION
DEPENDS LARGELY ON THE SUPPORT AND DEDICATION OF THE ORGA	NIZATION'S
MEMBERS. PRESENTLY, WE HAVE MORE THAN 40,000 MEMBERS ACRO	SS THE NATION
HELPING REACH OUR GOALS BY INFORMING ON POPULATION ISSUES	, WRITING
LETTERS TO CONGRESSIONAL LEADERS, SIGNING PETITIONS, GETT	ING OPINION
LETTERS PUBLISHED IN LOCAL PAPERS, AND SPEAKING ABOUT POP	ULATION ISSUES
AT LOCAL COMMUNITY EVENTS. WE SUPPORT OUR MEMBERS BY PROV	'IDING
MATERIALS FOR THEIR DISTRIBUTION, HOLDING TRAINING AND IN	FORMATION
SESSIONS, RESPONDING TO THEIR CORRESPONDENCE, REQUESTS FO	OR INFORMATION,
AND ORDERS FOR OUR PRODUCTS AND/OR PUBLICATIONS.	
EXPENSES \$ 996,470. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND	REVIEWED BY THE
PRESIDENT AND BOARD MEMBERS. A COPY OF THE FINAL 990 WAS	GIVEN TO THE
ENTIRE BOARD PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
POPULATION CONNECTION MONITORS AND ENFORCES COMPLIANCE OF	F A WRITTEN
CONFLICT OF INTEREST POLICY WITH ITS BOARD OF DIRECTORS A	AND STAFF MEMBERS.
DIRECTORS AND STAFF ARE REQUIRED TO PERIODICALLY DISCLOSE	CONFLICTS, SHOULD
THEY ARISE.	

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THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Alidell to Form 990.

2016 Open to Public Inspection

OMB No. 1545-0047

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

CONNECTION

POPULATION

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 94-1703155

(g)
Section 512(b)(13)
controlled
entity? ŝ Direct controlling Yes × × entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year CONNECTION ACTION Direct controlling entity POPULATION POPULATION CONNECTION End-of-year assets FUND <u>e</u> status (if section Public charity 501(c)(3)) Total income Exempt Code € section 501(C)(4) Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or STRICT OF COLUMBIA DISTRICT OF COLUMBIA Legal domicile (state or foreign country) foreign country) STABILIZE WORLD POPULATION AT A LEVEL SUSTAINABLE BY Primary activity Primary activity SUPPORT TO FEDERAL EARTH'S RESOURCES 9 CANDIDATES POPULATION CONNECTION ACTION FUND PAC Name, address, and EIN (if applicable) 46-3083014, 2120 L STREET NW, #500 61-1739943, 2120 L STREET NW, #500 POPULATION CONNECTION ACTION FUND Name, address, and EIN of related organization of disregarded entity WASHINGTON, DC 20037 WASHINGTON, DC 20037 Part I Part II

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

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Schedule R (Form 990) 2016

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94-1703155 Page 2

Schedule R (Form 990) 2016 POPULATION CONNECTION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related

(a) (b) (c)	(q)	(c)	(p)	(e)	£	(ē)	(F)	3	3	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share	Share of end-of-year assets	Olspir Yes	Code amour 20 of 8	General or managing partner? (65) Yes No	General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable rporation or trust duri	as a Corpoung the tax y	oration or Trust. Co	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	on answered "Ye.	s" on Form 99	0, Part IV, line	34 because it ha	ad one or mo	re related
(a) Name, address, and EIN of related organization	Z c	Primi	(b) Primary activity	(c) (d) Legal domicile (state or foreign country)	(e) Type of entrty (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
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Schedule R (Form 990) 2016 POPULATION CONNECTION

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

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

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)

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- Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- q Reimbursement paid by related organization(s) for expenses

Reimbursement paid to related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete th	is line, including covered i	elationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) POPULATION CONNECTION ACTION FUND	В	3,050,000.BOOK VALUE	BOOK VALUE
(2) POPULATION CONNECTION ACTION FUND	Q	261,984.	261,984.BOOK VALUE
(3) POPULATION CONNECTION ACTION FUND	Ŋ	72,185.	72,185.BOOK VALUE
(4) POPULATION CONNECTION ACTION FUND	0	558,387.	558,387.BOOK VALUE
(5) POPULATION CONNECTION ACTION FUND	a	700,000.	700,000.BOOK VALUE

Schedule R (Form 990) 2016

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

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

(a) Name, address, and EIN of entity of entity (b) Legal domicile (related, unrelated, unrelated, unrelated, unrelated, country) (c) (c) (d) (related, unrelated, Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Are all Predominant income parties sec (related, unrelated, 500(2) exluided from tax under (orgs sections 512-514) Yes No	Share of total total	(g) Share of end-of-year assets	(h) Disproportionate tonate allocations?	(h) (i) (l) (k) Dispropor- Dispr	General of managing partner?	(k) rrPercentage ownership	
							,		
							,		
						-	Schedul	e R (For	Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016 POPULATION CONNECTION	94-1703155 Page
Part VII	(Form 990) 2016 POPULATION CONNECTION Supplemental Information.	
	Provide additional information for responses to questions on Schedule R. See instructions	
	Provide additional information for responses to questions on Schedule in See instructions	
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