Form **990** 

# **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 906

• Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

		nue Service	► Go to www.irs.gov/Form990 for instructions and the latest i		1100	Inspection
A	For the	2018 cale	ndar year, or tax year beginning Jul 1 , 2018, and endin	g Ju	n 30	<b>, 20</b> 1 9
В	Check if	f applicable	C Name of organization PLAN INTERNATIONAL, INC.	D Employe	er identification number	
	Address	change	Doing business as		51-01	.69168
	Name ch	hange	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telephon	e number
	Initial ret	turn	228 EAST 45TH STREET, FLOOR #15		(917)	398-0018
	Final retu	ım/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	NEW YORK, NY 10017		G Gross red	ceipts \$ 680,650,088.
	Applicat	tion pending	F Name and address of principal officer	H(a) Is this a gi	oup return for s	ubordinates <sup>7</sup> Yes No
			Anne-Birgitte Albrectsen, Dukes Court, Woking, GU21 5BH, UK	H(b) Are all	subordinates	included? Tyes No
1	Tax-exe	mpt status		_	o," attach a	list (see instructions)
J	Website		ww.plan-international.org .		exemption i	number <b>&gt;</b>
ĸ	Form of			on 193'	7 M State	of legal domicile NY
Р	art I	Summ	ary			
	1		scribe the organization's mission or most significant activities: Plan Int	ernational, In	c. is an in	ternational development and
ø		-	tarian organization that strives for a just wor			
Activities & Governance	1		es children's rights and equality for girls.			
er	2		s box ▶ ☐ If the organization discontinued its operations or disposed of	of more than	25% of r	ts net assets.
Š	3		of voting members of the governing body (Part VI, line 1a)		3	11
<u>ھ</u>	4		of independent voting members of the governing body (Part VI, line 1b)		4	11
es	5		nber of individuals employed in çalendar year 2018 (Part V, line 2a)		5	219
Ξ	6		ber of value es (lestinate if necessary)		6	82,788
Act	7a		elated business revenue from Part VIII, column (C), line 12		7a	0.
•	ь	Net unrel	ated husiness taxable arometrom Form 990-T. Jine 38		7b	0.
	<del>-</del>	14Ct dillici	ated business taxable mapmed on Form 990-T, line 38	Prior Ye		Current Year
	8		ions and grants (Part VIII, Ime 1h).	655,466	663	675,534,060.
Revenue	9		service @@@@ht, vui, line 2g)	055,400	, 003.	073,334,000.
	10		nt acome (Part VIII, column (A), lines 3, 4, and 7d)	1 265	600	2 161 229
æ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		702	2,161,229.
	12		enue (Part VIII, Column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)		702.	2,954,799.
	13		ind similar amounts paid (Part IX, column (A), lines 1–3)	660,009		680,650,088.
	14		paid to or for members (Part IX, column (A), line 4)	249,512	, 988.	259,980,385.
	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	106 215	224	202 202 027
Expenses				186,217		202,202,027.
ë	16a		nal fundraising fees (Part IX, column (A), line 11e)	32.	,901.	269,292.
X	_b		draising expenses (Part IX, column (D), line 25) 2,950,837.	100 014	706	207 212 562
	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	190,914		207,313,563.
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	626,967		669,765,267.
	19	Revenue	less expenses. Subtract line 18 from line 12	33,042 Beginning of Cu		10,884,821. End of Year
ts or		T-4-1	<u> </u>			<del></del>
Net Assets ( Fund Balance	20		ets (Part X, line 16)	274,569		285,952,501.
let A	21		lities (Part X, line 26)	59,764		56,959,680.
			s or fund balances. Subtract line 21 from line 20	214,805	,104.	228,992,821.
	art II		ure Block			
			<li>y, I declare that I have examined this return, including accompanying schedules and staterete Declaration of preparer (other than officer) is based on all information of which preparer</li>			y knowledge and belief, it is
	c, conco	T L	Designation of property (cital train office) to be because of an information of trains property			
<u>٠</u> : .			<del></del>			
Siç		1!	ature of officer	Da	te 2n	nd July 2020
He	re		ne-Birgitte Albrectsen, Chief Executive Officer			<del> </del>
		·   /	or print name and title		1	L DTILL
Pa	id 🖊	、	pa pleparer's name Preparer's signature Da	<b>~</b> -	Check [	] if PTIN
	epare	ROBER	TA. PER DO	ノース・マグ	self-empl	loyed P00548403
	e On		ma MATKL & PERILLO, INC.	Firm	's EIN ► 0	5-0485365
	1154	Firm's a	dress ► 446 BROADWAY, PROVIDENCE, RI 02909	Pho	ne no (40	01)453-2020
		RS discuss	this return with the preparer shown above? (see instructions)			🗙 Yes 🗌 No
For	Paperv	work Rediu	ion Act Notice/see the separate instructions. BAA	/ 05/20/19 PRO		Form 990 (2018)
						~ ~

Part											
	Check if Schedule O contains a response or note to any line in this Part III										
1	Briefly describe the organization's mission: Plan International, Inc. is an international development and humanitarian organization										
	that strives for a just world that advances children's rights and										
	equality for girls.										
2	Did the organization undertake any significant program services during the year which were not listed on the										
	prior Form 990 or 990-EZ?										
3	If "Yes," describe these new services on Schedule O.										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?										
	If "Yes," describe these changes on Schedule O.										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by										
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others										
	the total expenses, and revenue, if any, for each program service reported.										
4a	(Code:) (Expenses \$ 160, 472, 201. including grants of \$0. ) (Revenue \$0.										
	Protection and Assistance in Emergency Situations:										
	Activities include risk reduction training and relief activities										
	such as the distribution of food and water, the provision of shelter										
	and sanitation facilities, as well as health and psychological support										
	for children who are victims of disaster. During the year ended										
	June 30, 2019 Plan International, Inc. (Plan) carried out 168 disaster responses globally ranging from localized responses										
	to large scale national and regional emergencies. 33 education in										
	emergency programs were carried out across 23 countries and 38										
	child protection in emergency programs were carried out across										
	See Part III, Ln 4a statement										
4b	(Code:) (Expenses \$ 115,001,437. including grants of \$0. ) (Revenue \$0.										
	Healthy Start in Life:										
	Plan supports a range of activities aimed at reducing neonatal and										
	maternal mortality and increasing child survival and the healthy development of children. This includes building and equipping pre-school centres										
	and clinics and the promotion of universal birth registration, the										
	training of health workers and the prevention of early childhood illnesses.										
	During the year ended June 30, 2019 Plan's early childhood development										
	programs reached 18,799,660 girls, boys, women and men.										
	(Code) \(\( \bar{\text{Lyperson}} \) \( \text{Lyperso										
4c	(Code: ) (Expenses \$ 76, 931, 357. including grants of \$ 0.) (Revenue \$ 0.)										
	Quality Education: Plan seeks to promote free equal access to quality education and life-										
	skills training to help children and young people reach their full										
	potential. This is done through activities such as the building										
	and equipping of classrooms, teacher training, and advocating for										
	education policy improvement. During the year ended June 30, 2019 Plan										
	reached 13,717,501 girls, boys, women & men through its inclusive										
	quality education programs.										
	Otherwise and the Collection (Describe in Orlection Or)										
4d	Other program services (Describe in Schedule O.)  (Expenses \$2.67, 1.33, 0.86, uncluding grants of \$2.00, \text{(Povenue \$2.00)}										
	(Expenses \$267, 121, 086. including grants of \$ 0.) (Revenue \$ 0.)  Total program service expenses ► 619, 526, 081.										
76	Total program service expenses F 013, 320, U01.										



Part	IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No_ √.
2	complete Schedule A	2	×	· · ·
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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	×	
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		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		2. 4.	
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	×	
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		<u>×</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>×</u> _
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
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	X.	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X.	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	×	<u>×</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	100	^	
-	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	×	F
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	×	<del></del>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	×٠	G
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>×</u> _
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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? #EUGEROITS PROPRETE Schedule I, Parts I and II	21	200	X (2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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	×	
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	!	×
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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 Schedule L, Part I	25b		×
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		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
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		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	×	×
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	×	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	×	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	, ,	
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   22		Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		,

Statements, field for the calendar year ending with or within the year covered by this return  Statements, field for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization field all required feederal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions).  Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0.  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)?  If "Yes," after the name of the foreign country. In Sec. Statement.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountry.  If "Yes or line Sao of 5b, did the organization life Form 8886-17?  Was the organization oblication life Form 8886-17?  By Organization should be a many to a prohibited tax shelter transaction at any time during the tax year?  By If "Yes," did the organization in life Form 8886-17?  Organizations that may receive deductible contributions?  If "Yes," did the organization in excess of 375 made partly as a contribution and partly for goods and services provided to the papier?  Organizations that may receive deductible contributions under section 170(c):  Did the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the papier?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the papier?  If "Yes," add the organization receive any payment in excess of 375 made partl	Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Statements, filed for the calendar year ending with or within the year covered by this return 2 2 2 19 2					Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 190-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  At any time during the cliender 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)?  If "Yes," enter the name of the foreign country: P. Sea. Sea. Sea. Sea. Sea. Sea. Sea. Sea						
Note. If the sum of innes 1a and 2a is greater than 250, you may be required to e-rife (see instructions).  3a		· · · · · · · · · · · · · · · · · · ·		4.31.22.2		
3a   X    b if "ves," has tified a Form 99.0°T for this year? If "No" or time 20, prowed an explanation in Schadule O    4a   At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? P   If "ves," enter the name of the foreign country.    See: Statement    5b   If "ves," enter the name of the foreign country.    See: Statement    5c   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).     5c   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5c   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5c   See instructions of the graph of the foreign country.    See: Statement    5c   If "ves," due 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? .     6d   Vesting the organization solicit any contributions with were not tax deductible as charitable contributions or of the verse on tax deductible?     7 Organizations that may receive deductible contributions under section 170(c).     8 b If "Yes," did the organization include with every solicitation an express statement that such contributions or of the verse of the spoods or services provided for the payor?     7 b If the organization receive a payment in excess of \$75 made partly as a contribution of consumers or the value of the gloods or services provided for the white of the gloods or services provided for the payor.     8 b If "Yes," did the organization network the walke of the yalie of the gloods or services provided for the payor.     9 b If "Yes," inclined the payor than the payo	b					EVPEND'LE RO
b If "Yes," has it filed a Form 990-T for this year / If "No" to line 3b, provide an explanation in Schedule 0 , 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority of the state of the submitty in the organization have an interest in, or a signature or other authority of the state of the submitty of the state of the submitty of the state of the submitty of the submitted in the submitted state of the submitted st	•		)	-		
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)?  If "Yes," enter the name of the foreign country,		· · · · · · · · · · · · · · · · · · ·	~ · · · · · · · · · · · · · · · · · · ·			<del>  ×</del>
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  8 If Yes, "enter the name of the foreign country;		·	F	30		├
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 54 Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction?  d If "Yes," did 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?  d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8982?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization, during the year, pay premiums on a personal benefit contract?  f If the organization, during the year, pay premiums on a personal benefit contract?  f If the organization of qualified individual property, did the organization file a Form 1098-07  8 Sponsoring organization have excess business holdings at any time during the year required to file form 899 and the promise of the payor and the promise of the payor and the promise of the pay	4a			4a	×	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions or gifts were not tax deductible as chantable contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  If the organization received a contribution of cars, boats, ariphanes, or other vehicles, did the organization file a Form 1098-C?  7 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations make any taxable distributions under section 4966?  Sponsoring organizations make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  a Intrabion fees and capital contributions included on Part VIII, line 12, for public use of club facilities  11a   Section 501(c)(7) organizations. Enter:  a Intrabion fees and capital contributions included on Part VIII, line 12, for public use of club facilities  15   Section 501(c)(7) organizations. Enter:  a Intrabion fees and capital contributions included on Part VIII, line 12, for public use of cl	b		e (EBAB)			
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a Initiation fees and capital contributions included on Part VIII, line 12	b			9b	DWW-522	X (1/00)356.20
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .    10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders .		1	ļ			
Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b 12a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  c Enter the amount of reserves on hand.  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.						
a Gross income from members or shareholders		•				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .						
against amounts due or received from them.)						30
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<del></del>	against amounts due or received from them.)				
Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	12a		1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17a  18b  19b  19b  19c  19b  19c  19c  19c  19		,				
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13		ş			POR ST
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а			13a	FERRE	(281 A
the organization is licensed to issue qualified health plans	L		<b>[</b>			
c Enter the amount of reserves on hand	ь					
14a Did the organization receive any payments for indoor tanning services during the tax year?	С	• • • • • • • • • • • • • • • • • • • •			4	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		<del></del>		14a	wecoes	×
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b		-	14b		
If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					g Transient .	
If "Yes," complete Form 4720, Schedule O.					B. B.	
	16	· · · · · · · · · · · · · · · · · · ·			· Sincipals	
		ii res, complete Form 4720, Schedule O.				

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	<u> </u>
Section	on A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tax year   1a 11		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11			h. 0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	×	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	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 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 persons other than the governing body?	7b	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		95	, , , ,
а	The governing body?	8a	×	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	×	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		L .
		400	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	×	<del> </del>
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	×	
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.	12a	75	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	×	_
b		120	-	<del></del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	×	ļ
b	Other officers or key employees of the organization	15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			/, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Mandy Steward c/o Plan International, Inc., 228 East 45th Street, F1 #15 New York, NY 10017			-8400

								-
Part VII	Compensation of Officers,	Directors, Tru	ustees, Key E	mployees,	Highest C	ompensated	Employees,	and
	Independent Contractors							

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(O Pos	C) ition	e than		(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, unless perso		irect	or/trus	tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joshua Liswood	6.00									
Chair		×		×				0.	0.	0.
(2) Gunvor Kronman Vice Chair	3.00	×		×				0.	0.	0.
(3) Gerald Hueston Treasurer	3.00	×		×				0.	0.	0.
(4) Axel Berger Director	2.00	×						0.	0.	0.
(5) Elbia Castillo Calderon Director	2.00	×						0.	0.	0.
(6) Amanda Ellingworth Director	2.00	×						0.	0.	0.
(7) Cristina Garcıa-Peri Director	2.00	×						0.	0.	0.
(8) Gunter Haag Director	2.00	×						0.	0.	0.
(9) Dorota Keverian Director	2.00	×						0.	0.	0.
(10) Sonali Khan Director	2.00	×						0.	0.	0.
(11) Nyovani Madise Director	2.00	×						0.	0.	0.
(12) Imeru Yiqezu Tamerat Director	2.00	×						0.	0.	0.
(13) Carlos Aparicio Director	2.00	×						0.	0.	0.
(14) Anne-Birgitte Albrectsen Chief Executive Officer	48.00			×				99,000.	0.	234,406.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	week (list any) from				(E) Reportable compensation to		(F) Estimated amount of other					
		hours for related organizations below dotted line)	יי ס	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compensation from the organization and related organizations
	ara Camm hıef Legal Officer	48.00			×				0.		0.	167,168.
	abriel Bucher hief Operating Officer	48.00			×				0.		0.	227,812.
(17) D	ebora Cobar Urquızu egional Dırector-Central & South America	48.00				×			146,615.		0.	12,075.
	otimy Djossaya egional Director-West Africa	48.00				×			165,347.		0.	14,842.
(19) R	oland Angerer egional Director-East & South Africa	48.00				×			163,275.		0.	5,128.
	enait Gebreqziabher egional Director Asia	48.00				×			144,133.		0.	9,664.
<b>(21)</b> J	odie Fonseca roject Director-Laos	48.00					×		195,105.		0.	24,050.
<b>(22)</b> J	ohn McDonagh ountry Director-Thailand	48.00					×		273,229.		0.	0.
(23) R	yan Lander ountry Director-Phillipines	48.00					×		264,660.		0.	4,489.
<b>(24)</b> K	elland Stevenson ountry Director-Myanmar	48.00					×		263,401.		0.	4,335.
<b>(25)</b> J	ohn Trew egional Youth Employment Specialist	48.00					×		222,605.		0.	4,809.
	Sub-total		·	•	•	٠		<b></b>	1,937,370.		0.	708,778.
С	Total from continuation sheets to Part	VII, Sectio	n A	•				<b>•</b>	0.		0.	140,103.
	• • • • • • • • • • • • • • • • • • • •	· · · · ·							1,937,370.	<u> </u>	0.]	848,881.
2	Total number of individuals (including but reportable compensation from the organi		i to th	ose	list	ted : 7		e) w	ho received m	ore than \$10	0,000 c	of
						<u>-</u> -				<del></del>		Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							-	oloyee, or high	-		3 ×
4	For any individual listed on line 1a, is the organization and related organizations	sum of regreater th	portal an \$1	ble (	con	npei	nsatio	s, "	complete Sch			
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe				m any	/ un				4 X 5 X
Section	<del> </del>	: 11 Tes, C	Jonipi	616	301	ieut	ile o i	OI S	such person	<del></del>	·	5   ×
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
<del></del>	(A) Name and business add	ress			-		· -		(B) Description of s	ervices	C	(C) ompensation
Pric	ewaterhouse, Coopers, LLP, 1 Hay	s Lane,	Lond	on,	UF	۲, ۱	UK,	Ac	counting S	ervices		652,103.
፤ተር ቤ	lohal Network Solutions, RLC 850 Cranberry	Woods #2240	), Cra	nber	ry,	PA	16006	Pr	ogramme Mai	nagement		508,703
	Mahindra Ltd., Infocity, Unit 12, Plo					_		-	ogramme Mai			354,375.
	onal Printers, YMCA Crown Hill, Broad					_			ogramme Mai			189,968.
	he Metal SARL, Quarter Cosa Ex Cinema,  Total number of independent contractor								ogramme Man		1 ( p v	183,015.
2	rotal number of independent contracto	ns (includir	iy bl	it D	UL I		.eu 10	<i>,</i> (f)	iose listed abo	ove) who	n.	

Par	VIII	Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII										
ACSALES	native secur	Check if Schedule C	contains a res	ponse or note t				· · · · · · ·				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514				
Grants	1a	Federated campaigns	s 1a					W. S.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	<u>1b</u>									
ts, (	С	Fundraising events .										
Gifts, ilar An	d	Related organizations	<del></del>	654,298,218.								
ns, Sim	е	Government grants (con		3,221,950.								
er (	f	All other contributions, g										
를 들		and similar amounts not inc	<u></u>	18,013,892.								
Contributions, and Other Sım	9	Noncash contributions includ		61,920,194.	675 524 060							
_	h	Total. Add lines 1a-1	<u> </u>	Puranea Cada	675,534,060.			124				
Program Service Revenue				Business Code								
ě	2a											
e H	b											
ΞŽ	C											
Š	d			···								
yran		All other program sen										
õ	g	Total. Add lines 2a-2			<del> </del>		DAY WATER DOCUM					
	3	Investment income				NATIONAL PROPERTY OF THE STATE	THE APPRENCE ON AN ACC	ALTER THE PARK SUBSTRUCT AND AND THE				
	•	and other similar amo			2,161,229.	0.	0.	2,161,229.				
	4	Income from investmen	•	and proceeds	2,101,223.		Ŭ.	2/101/223.				
	5	Royalties	t of tax exempt b	>								
		rioyambo	(ı) Real	(ii) Personal								
	6a	Gross rents	· · · · · · · · · · · · · · · · · · ·									
	b	Less. rental expenses										
	c	Rental income or (loss)										
	d	Net rental income or (	(loss)		Company and Company of the Santa	PARTIE STARTAGE AND STARTAGE	POSTURATE BROWNING COLD	An acceptable management are shall be a distance to the second				
	7a	Gross amount from sales of	(i) Securities	(II) Other				715 50 25 77 53 77				
	,	assets other than inventory										
	ь	Less, cost or other basis										
p	-	and sales expenses		1								
	С	Gain or (loss)										
	d	Net gain or (loss) .										
enne	8a	Gross income from fu	undraising									
Other Revenue		of contributions reporte	•									
the	.	Less: direct expenses	_	-								
0	b	Net income or (loss) f			HELP THE STATE OF		Participation of the Participa	ACTION AND ASSESSMENT OF THE PARTY OF THE PA				
		Gross income from ga	•	events . P								
	30	See Part IV, line 19 .										
	ь	Less: direct expenses	_									
	C	Net income or (loss) f		L	D. MORENT PLA R. M. USA E. MESSA.	。 上述的 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A SAME TO SERVICE ASSAULT	<b>表现的基本的工程的工程的工程的工程的工程的工程的工程的工程的工程的工程的工程的工程的工程的</b>				
	l	Gross sales of in										
	'	returns and allowance										
	ь	Less: cost of goods s	u									
	C	Net income or (loss) f		<u> </u>	CAMPAGE SERVICES	WELLING OF THE PROPERTY	CERSIS PAINT AND	TATE AND PERSONAL PROPERTY OF THE PROPERTY OF				
	- <u>~</u>	Miscellaneous R		Business Code								
	11a	Other Income		900099	2,954,799.	0.	0.	2,954,799.				
	b			100000	2, 233, 193.	· · · · · · · · · · · · · · · · · · ·	J.	2,002,199.				
	C		•	<del> </del>	<del> </del>	<del> </del>	<del> </del>					
	ď	All other revenue .			<del>                                     </del>		<del> </del>	<del> </del>				
	e	Total. Add lines 11a-			2,954,799.		THE RESIDENCE					
	12	Total revenue. See in			680,650,088	U MANAGEMENT ANTICONOMIC SERVICES	D THE STREET OF	5.116.028				

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

	Check if Schedule O contains a response or note to any line in this Part IX										
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)						
	, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising						
			expenses	general expenses	expenses						
1	Grants and other assistance to domestic organizations										
_	and domestic governments. See Part IV, line 21	•									
2	Grants and other assistance to domestic										
	ındividuals. See Part IV, line 22				Letter in the second of the second						
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	259,980,385.	259,980,385.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,			R A SHALLTING THE INCHES AND IN	ARE THE WASHINGTON OF THE PROPERTY OF THE PROP						
9	trustees, and key employees	1 100 155	1 001 155	99,000.	0.						
_		1,180,155.	1,081,155.	99,000.	<u> </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	186,769,842.	184,802,423.	222,256.	1,745,163.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	842,665.	792,410.	33,587.	16,668.						
9	Other employee benefits	12,916,345.		0.	106,748.						
10	Payroll taxes	493,020.		53,976.	0.						
	· · ·	493,020.	400,044.	55, 510.	<del> </del>						
11	Fees for services (non-employees):	20 500 615	<u> </u>	38,520,615.	_						
a	Management	38,520,615.			0.						
b	Legal	813,407.		19,317.	3,060.						
С	Accounting	1,942,608.		660,414.	0.						
d	Lobbying	273,828.	273,828.	0.	0.						
е	Professional fundraising services. See Part IV, line 17	269,292.	<b>公共活动的企业</b>		269,292.						
f	Investment management fees	24,609,952.	23,772,934.	837,018.	0.						
g	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.)										
12	Advertising and promotion	2,208,196.	1,841,585.	7,160.	359,451.						
13	Office expenses	35,016,642.	34,946,029.	0.	70,613.						
14	Information technology	7,617,269.	7,521,788.	0.	95,481.						
	<u>.</u>	7,617,209.	7,321,700.		55,401.						
15	Royalties		15 156 066		0.000						
16	Occupancy	17,466,854.	17,456,866.	0.	9,988.						
17	Travel	62,505,537.	62,245,374.	0.	260,163.						
18	Payments of travel or entertainment expenses			i							
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .	5,029,884.	5,029,884.	0.	0.						
20	Interest	629,503.	584,700.	35,522.	9,281.						
21	Payments to affiliates	6,862,139.	0.	6,862,139.	0.						
22	Depreciation, depletion, and amortization .	1,825,889.	1,821,517.	0.	4,372.						
23	Insurance	1,217,228.	1,169,123.	46,875.	1,230.						
		1,21,220.	THE THE PROPERTY OF	Market Market Market	<b>東京成分配置記書時間の保証</b>						
24	Other expenses. Itemize expenses not covered	No. of Control			REAL PROPERTY.						
	above (List miscellaneous expenses in line 24e. If			<b>国工业工业</b>	THE PARTY OF THE P						
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	Memberships & Subscriptions	979,016.	883,643.	93,558.	1,815.						
b	Exchange Gains/Losses	-205,004.	572.	-203,088.	-2,488.						
С											
d											
e	All other expenses			-							
25	Total functional expenses. Add lines 1 through 24e	669,765,267.	619,526,081.	47,288,349.	2,950,837.						
	Joint costs. Complete this line only if the	009,700,207.	013,020,001.	41,200,343.	2,330,037.						
26	organization reported in column (B) joint costs										
	from a combined educational campaign and	[									
	fundraising solicitation. Check here										
	following ŠOP 98-2 (ASC 958-720)		<u> </u>	<u></u>							
		REV 05/20/19 PRO			Form <b>990</b> (2018)						

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X										
			(A)		(B)						
			Beginning of year		End of year						
	1	Cash – non-interest-bearing	101,432,479.	1	161,561,552.						
	2	Savings and temporary cash investments	94,711,605.	2	21,905,030.						
	3	Pledges and grants receivable, net		3_							
	4	Accounts receivable, net	5,912,605.	4	8,696,061.						
	5	Loans and other receivables from current and former officers, directors,									
		trustees, key employees, and highest compensated employees.									
		Complete Part II of Schedule L	L SURVINION OF THE PROPERTY OF THE STATE OF THE PROPERTY OF TH	5	9790 St. Co. Cherry his water to make constraint and cheeses of the self-self-self-self-self-self-self-self-						
	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									
<b>6</b>		organizations (see instructions). Complete Part II of Schedule L		6							
Assets	7	Notes and loans receivable, net		7	<u> </u>						
As	8	Inventories for sale or use	1,090,268.	8	1,191,272.						
	9	Prepaid expenses and deferred charges	21,333,985.	9	17,171,894.						
1	10a	Land, buildings, and equipment: cost or		越線							
		other basis. Complete Part VI of Schedule D 10a 39, 221, 932.									
	b	Less: accumulated depreciation 10b 33, 486, 293.	3,794,374.	10c	5,735,639.						
	11	Investments—publicly traded securities		11							
	12	Investments—other securities. See Part IV, line 11		12	· · · · · · ·						
	13	Investments—program-related. See Part IV, line 11		13							
	14	Intangible assets	14,836.	14	9,862.						
	15	Other assets. See Part IV, line 11	46,279,539.	15	69,681,191.						
	16	Total assets. Add lines 1 through 15 (must equal line 34)	274,569,691. 29,579,006.	16 17	285,952,501. 27,998,566.						
	17 18	Accounts payable and accrued expenses	29,379,000.	18	27,990,300.						
	19	Deferred revenue		19							
	20	Tax-exempt bond liabilities		20							
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21							
Š	22	Loans and other payables to current and former officers, directors,									
iži		trustees, key employees, highest compensated employees, and									
Liabilities		disqualified persons. Complete Part II of Schedule L		22							
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties		23							
	24	Unsecured notes and loan's payable to unrelated third parties		24							
	25	Other liabilities (including federal income tax, payables to related third									
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	20 105 501	05	20 061 114						
	26		30,185,581. 59,764,587.	25 26	28,961,114. 56,959,680.						
	20	Total liabilities. Add lines 17 through 25	A. CHARLES AND ARREST LANGUAGE PURE TO A CONTRACT LANGUAGE	20							
es		complete lines 27 through 29, and lines 33 and 34.									
anc	27	Unrestricted net assets	64,103,685.	27	56,750,446.						
Bal	28	Temporarily restricted net assets	150,701,419.	28	172,242,375.						
ק	29	Permanently restricted net assets		29							
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and									
ō		complete lines 30 through 34.									
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30							
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31							
et /	32	Retained earnings, endowment, accumulated income, or other funds.	214,805,104.	32	228,992,821.						
Ž	33 34	Total liabilities and not assets fund balances	274,569,691.	33	285,952,821.						
	34	Total liabilities and net assets/fund balances	214,309,091.	34	200, 552, 501.						

Parl	XI Reconciliation of Net Assets				
ι	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	680,6	50,0	88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	669,7	65,2	67.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	214,8		
5	Net unrealized gains (losses) on investments	5			
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	3,3	02,8	96.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	228,9	92,8	21.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				, Same
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır		te	,
	Schedule O.			.:\$	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r <b>Sile</b>		
	reviewed on a separate basis, consolidated basis, or both:			100	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a		1 7	(2.5 (1.5) <b>(4.</b> 5)
	separate basis, consolidated basis, or both:		S = 1	a	1
	Separate basis Consolidated basis Both consolidated and separate basis		75 F	19.1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account			X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir		2.00	
	Schedule O.		- 11	÷ "	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a	<u>×</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			.	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	×	

### **SCHEDULE A** (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.

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the orga	anızation					Employer identification	number
	RNATIONAL, INC.					51-0169168	····
	leason for Public Char						ns.
•	on is not a private founda		-		-		1 >
	urch, convention of church	•					1 (
	nool described in section		· ·				. —
	spital or a cooperative hos						iii) Enter the
hosp	hospital's name, city, and state:						
	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
7 🗌 An o							
8 🗌 A cor	mmunity trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
or un unive		nt college of agri	culture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or
recei supp	rganization that normally r pts from activities related ort from gross investment ired by the organization a	to its exempt fui income and uni	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more thar ection 511 tax) from	า 33¹/₃% of its
	rganızatıon organized and						
	rganization organized and						
	ne or more publicly supported to the second						
	k the box in lines 12a thro	_					
th	ype I. A supporting organ ne supported organization upporting organization. Yo	(s) the power to	regularly appoint or e	lect a ma	jority of t		
C	ype II. A supporting orgar ontrol or management of t rganization(s). You must o	the supporting o	rganization vested in	the same	with its s persons	upported organization that control or mana	on(s), by having age the supported
c 🗆 T	ype III functionally integrals supported organization(s)	rated. A support	ting organization oper	ated in c	onnection	with, and functiona	ally integrated with,
							utad araan;zation(a)
th	ype III non-functionally i nat is not functionally integ equirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
e □ C	theck this box if the organ unctionally integrated, or T	ization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type on.	e II, Type III
	he number of supported o						17
	e the following information		orted organization(s).				
(ı) Name o	of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
·				Yes	No		
(A) Plan In	nt'l USA, Inc.	13-5661832	7	×		36,376,233.	
(B) Plan In	nt'l Australia	00-0000000	7	×		24,616,641.	
(C) Plan Be	elgium	00-0000000	7	×		15,021,941.	
(D) Plan In	nt'l Canada	00-000000	7	×		128,339,488.	
(E)							
See Ln .	12g Supporting Orgs					449,943,914.	
Total						654,298,217.	

(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 faile to qualify under the tests listed below, please complete Part III.)  Section A. Public Support  Calendar yea/for fiscal year beginning in ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total inches the property of the part	Part	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
Section A. Public Support  Calendar yea/(or fiscal year beginning in) \( \) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total membrashino/leser secended. (Do not include any 'unbaual grants.')  Tax revenues \( \) \( \								
Calendar yeak_(or fiscal year beginning in)		Part III. If the organization fails t	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
1 Gifts, Syarts, contributions, and membershow-less reserved. (Do not include any "unbaular grants.") 2 Tax revenues   Vender for the organization's benefit, and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental vint to the organization without charge. 4 Total Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount of publicly supported organization included on line 1 that exceeds 2% of the amount of publicly supported organization in the state of the state o								
membership Lees received. (Do not include grants).  2 Tax revenues very least of the organization is behalf or the organization without charge.  3 The value of services or facilities turnished by a governmental vinit to the organization without charge.  4 Total Add lines 1 through 3.  5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year for fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from similar sources.  9 Net income. Do not include gran or loss from the sale of capital assets (Explain in Part VI).  10 Other income. Do not include gran or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions).  13 First five years. If the Form 990 is for the organization's first, second, third, fourth or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).  15 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).  16 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).  17 In 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13 (16), only 18, and line 18 to 10% or more, and if the organization qualifies as a publicly supported organization.  18 Private forganization meets the "facts-and-circumstances" test, feeth this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, feeth this box and stop here. Explain in Part VI how the organization meets the "fac	Calen		(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
include any "unbayal grants.")  2	1							•
organization's benefit, and either paid to or expended on its bealt?  3 The value of services or facilities furnished by a governmental wint to the organization without charge.  4 Total. Add lines 1 through 3.  5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carned on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10 are sources in the form 980 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  8 Section C. Computation of Public Support Percentage  14 Public support percentage from 2017 Schedule A, Part II, line 14  15 Public support percentage from 2017 Schedule A, Part II, line 14  16 331-3% support test—2017. If the organization did not check the box on line 13, 16a, by 16b, and line 14 is 31-3% support test—2017. If the organization did not check a box on line 13, 16a, by 16b, and line 14 is 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, by 16b, and line 14 is 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, by 16b, and line 14 is 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, by 16b, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" t					,	·		
turnished by a governmental wint to the organization without charge.  4 Total. Add lines 1 through 3.  5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7  Amounts from line 4.  8 Gross income from interest, dividends, payments received on securities loans, reints, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or looks from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions).  12 Gross receipts from related activities, etc. (see instructions).  12 Gross receipts from related activities, etc. (see instructions).  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 331-3% support test—2018. If the organization did not check the box on line 13 and line 14 is 331-3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331-3% support test—2017. If the organization did not check a box on line 13, 16a, 16b, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the kthis box and yet organization where is a publicly su	2	organization's benefit and either paid			_			ν. 
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carned on	3	furnished by a governmental unit to the organization without charge						·····
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4  Section B. Total Support  Amounts from line 4  Section B. Total Support  Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2017 Schedule A, Part II, line 14  Public support percentage from 2017 Schedule A, Part II, line 14  Public support percentage from 2017 Schedule A, Part II, line 14  331/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  B 31/3% support test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. theory this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization organization meets the "facts-and-c	4	<b>Total.</b> Add lines 1 through 3	WART THE CHARLES AND CO.	emissioner en en en en en en en	ing pagangan ang pa	anasananan arak merebakan	मंत्र भारतकारकारकारकारम् । इत्यास	· · · · · · · · · · · · · · · · · · ·
Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 4  B Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2017 Schedule A, Part II, line 14  33/1/3/ support test—2018. If the organization did not check the box on line 13, and line 14 is 33/1/3/6 or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33/1/3/6 or more, check this box and stop here. The organization dualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supporte	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
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8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions).  12 Gross receipts from related activities, etc. (see instructions).  13 First five years. If the Form 990 is for the organization's first, second, third, fourth or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2017 Schedule A, Part II, line 14.  15 Public support percentage from 2017 Schedule A, Part II, line 14.  16a 331/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.			(a) 2014 \	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) lotal
payments received on securities loans, rents, royalties, and income from similar sources	-							
activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties, and income from	1					
loss from the sale of capital assets (Explain in Part VI.)	9	activities, whether or not the business						
Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets		<u> </u>				
Section C. Computation of Public Support Percentage  14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc.	-				12	
Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)	13	<del>-</del>	-	n's first, secon	d, third, fourth	or fifth tax y	ear as a sectio	n 501(c)(3)
Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))				<u> </u>		·/· · · ·		🟲 📘
Public support percentage from 2017 Schedule A, Part II, line 14		<del> </del>	<del>_</del>		11	$\overline{}$	144	. 0/
16a 33¹/₃% support test—2018. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization					i, column (I))	/ .		
box and stop here. The organization qualifies as a publicly supported organization	_				 v on line 13 au	 nd line 14 is 3'		
b 331/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	IVa							▶ □
this box and stop here. The organization qualifies as a publicly supported organization	h		•	•	-	a, and line 15	is 33½% or m	ore, check
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	_							▶ 🗆
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
supported organization	b	15 is 10% or more, and if the organiz	ation meets th	e "facts-and-	circumstances	" test, check	this box and	stop here.
<b>\</b> .	10	supported organization						\ . ▶ □
	_	<u> </u>		· · · · · ·		<u></u>		▶ □

# 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	J	)				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					!	
	organization's benefit and either paid to		ł	1			
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					1	1
_	organization without charge						
6 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	<u> </u>					<del></del>
7a	received from disqualified persons .		İ				
	, , ,	<del>\</del>			-		
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000				ł	1	
	or 1% of the amount on line 13 for the year					]	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	1 1	135 "	1 .	11 11 11 11 11		
	line 6.)					- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.		1				
b	Unrelated business taxable income (less			\			
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	<del></del>					
11	Net income from unrelated business						
	activities not included in line 10b, whether		}	\	1	į	
	or not the business is regularly carried on			` `	`\		
12	Other income. Do not include gain or						
	loss from the sale of capital assets				\		
40	(Explain in Part VI.)		ļ		<del>                                     </del>		·
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)		}				
14	First five years. If the Form 990 is for the	e organization	's first sacon	d third fourth	or fifth tay v	ear as a section	n 501(c)(3)
1.7	organization, check this box and stop he	-			\ '		
Section	on C. Computation of Public Suppor						<del>_</del>
15	Public support percentage for 2018 (line			13, column (f))		15	%
16	Public support percentage from 2017 Scl	hedule A, Part	III, line 15 .			16	%
Section	on D. Computation of Investment In						
17	Investment income percentage for 2018 (	line 10c, colun	nn (f), divided l	y line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2017						%
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box		-			- \	_
b	33¹/3% support tests—2017. If the organiz					· · · · · · · · · · · · · · · · · · ·	
	line 18 is not more than 331/3%, check this l	· ·	=	-			\ _
20	Private foundation. If the organization di	d not check a	box on line 14	<u>, 19a, or 19b, c</u>	check this box	and see instru	ctions 🕨 🗌

### 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 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.
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part 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.)

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orm	990 or	990-E	Z) 2018

Part	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110	<b>经验证</b>
L	below, the governing body of a supported organization?	11a 11b	×
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	+ <u>^</u>
Section	on B. Type I Supporting Organizations		<del></del>
	on E. Type I capped and E. Samuella and E. Sam	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<b>製造 199</b>	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 ×	
2	Did the organization operate for the benefit of any supported organization other than the supported		2 247.2
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	×
Secti	on C. Type II Supporting Organizations	1	
		Ye:	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	ai mariadia
Secti	on D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		2 1211
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	2	
Cooti	ion E. Type III Functionally Integrated Supporting Organizations	3	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructio	ns).
a .	☐ The organization satisfied the Activities Test. Complete line 2 below.		,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (		
2	Activities Test. Answer (a) and (b) below.	Ye	s No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	11 1200
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<b>展型</b> (3)	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.	2b	20 CM-07 5023
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20	<b>3</b> 10 2 3
1.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	& Louis
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	23 23 23 E

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4		, ,		
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		,		
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		· · · · · · · · · · · · · · · · · · ·		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):	100				
a Average monthly value of securities	1a				
<b>b</b> Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C-Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4	HERE IN THE REAL PROPERTY.			
5 Income tax imposed in prior year	5	<b>学的工程和图象的</b>			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functional	4	Contract Con	organization (see		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D-Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	(4			
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)			الم			
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive				
9	Distributable amount for 2018 from Section C, line 6		-				
10	Line 8 amount divided by line 9 amount						
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6	<b>延</b> 期间据 <b>201</b> 0年3月					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
c	From 2015			PERMIT			
d	From 2016						
. е	From 2017		RESIDENCE SERVICE				
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years		TOTAL PROPERTY SERVICE AND POSTALE				
<u>h</u>	Applied to 2018 distributable amount			TO CONTRACT TAKEN OF THE POLICY OF THE PROPERTY OF			
i	Carryover from 2013 not applied (see instructions)						
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
	Distributions for 2018 from Section D, line 7: \$						
a	Applied to underdistributions of prior years		STANKE CHANGE TO A COLOR VINNER OF MICE. TANK A SEC.				
b	Applied to 2018 distributable amount		manager and the second second	AND THE CONTRACT OF MEN PROPERTY OF			
С	Remainder. Subtract lines 4a and 4b from 4.	THE CONTRACT OF THE STATE OF TH					
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			No. of the second secon			
7	Excess distributions carryover to 2019. Add lines 3 <sub>j</sub> and 4c.	en energenatur erroren berretzen berretzen (berein) (berritzen berretzen berretzen berretzen berretzen berretze					
8	Breakdown of line 7:						
<u>_</u> a	Excess from 2014						
<u>a</u> b	Excess from 2015	The state of the s	Constitution of the Consti	Del Caracian Control of the Control			
<del></del>	Excess from 2016	The state of the s					
d	Excess from 2017						
	Excess from 2018	THE SECTION OF SECTION		BESTER HELECTER			

Schedule A (Form 990 or 990-EZ) 2018

		•
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.)

Pt IV Sec A Ln 2: The foreign organizations are charitable organizations in
their respective countries and would not be considered Private Foundations were
they organized in the United States because they would be considered publicly
supported organizations under Internal Revenue Code Section 170(b)(1)(A)(vi).
This explanation also is made in reference to Part IV, Section A Line 4c.
Pt IV Sec A Ln 4b: A budget for grant amounts to Plan International, Inc. (Plan)
member National Organizations may be included in the budget proposal to the Members'
Assembly each year and the Members' Assembly approves the overall budget for
Plan. However, the decision on the overall annual budget amount to propose is
made by the Plan Board and individual grants within this are proposed by Plan
management. Plan management or the Plan Board also decides on the release of
grants to Plan member National Organizations. No one National Organization controls
Plan.
Other Addl Info: PUBLIC CHARITY STATUS - ADDITIONAL INFORMATION
Other Add Take To meted in Dont T. Dien is a Time T supporting exceptation
Other Addl Info: As noted in Part I, Plan is a Type I supporting organization.
In addition, Plan also qualifies as an organization that normally receives a
In addition, Plan also qualifies as an organization that normally receives a
In addition, Plan also qualifies as an organization that normally receives a substantial part of its direct and indirect support from a governmental unit
In addition, Plan also qualifies as an organization that normally receives a substantial part of its direct and indirect support from a governmental unit and from the general public as described in IRC section 170(b)(1)(A)(vi). As
In addition, Plan also qualifies as an organization that normally receives a substantial part of its direct and indirect support from a governmental unit and from the general public as described in IRC section 170(b)(1)(A)(vi). As a result, Plan qualifies for the first Special Rule as noted on Schedule B, Schedule
In addition, Plan also qualifies as an organization that normally receives a substantial part of its direct and indirect support from a governmental unit and from the general public as described in IRC section 170(b)(1)(A)(vi). As a result, Plan qualifies for the first Special Rule as noted on Schedule B, Schedule
In addition, Plan also qualifies as an organization that normally receives a substantial part of its direct and indirect support from a governmental unit and from the general public as described in IRC section 170(b)(1)(A)(vi). As a result, Plan qualifies for the first Special Rule as noted on Schedule B, Schedule of Contributors.

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.)
childre	n, families and communities through Plan International, Inc.'s field offices
in more	than 50 countries. Plan International USA, Inc. 1s the only affiliated
entity	incorporated and operating in the United States and is exempt from taxation
under I	nternal Revenue Code Section 501(c)(3) and receives a substantial part
of its	support from the general public.
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### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Se	ction 501(c)(4), (5), or (6) orga	ınızatıons. Complete Part III.			
Name o	of organization			Employer idei	ntification number
PLAN	INTERNATIONAL, II			51-01693	
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527	organization.
1	Provide a description of definition of "political can	f the organization's direct and in npaign activities")	direct political ca	mpaign activities in Part	t IV. (see instructions for
2	Political campaign activity	y expenditures (see instructions)			S
3	Volunteer hours for politic	cal campaign activities (see instruc	ctions)		
Part		e organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organiza	ation under sectior	n 4955 ▶ 🥞	
2		excise tax incurred by organization			
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	
4a					LYes LNo
	If "Yes," describe in Part			-\ F04	(-)(2)
Part		e organization is exempt und			(0)(3).
1	Enter the amount directi	ly expended by the filing organiz	tation for section	527 exempt function	•
^		filing organization's funds contrib			,
2	527 exempt function activ	vities	died to other org	ariizations for section	<b>,</b>
3		expenditures. Add lines 1 and 2			
J	line 17b	· · · · · · · · · · · · · · · · · · ·		▶ \$	•
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	organization made payme the amount of political co	ses and employer identification nuents. For each organization listed, ontributions received that were profund or a political action committed.	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization  If none, enter -0-
(1)					
(2)					
(3)					
(4)			-		
(5)			-		
(6)			-		

Part	II-A Complete if the organ section 501(h)).	nization is exempt u	under section 5	01(c)(3) and file	d Form 5768 (elec	ction under,*					
C	heck  if the filing organizatio address, EIN, expense				liated group membe	er's name,					
CI	heck 🕨 🔲 if the filing organizatio	n checked box A and '	'limited control" p	rovisions apply.	-	_					
		n Lobbying Expendit		,	(a) Filing (b) Affiliated						
	(The term "expenditu				organization's totals	group totals					
1a	Total lobbying expenditures to in	fluence public opinion	(grass roots lobb	ying)							
þ	Total lobbying expenditures to in	fluence a legislative bo	ody (dırect lobbyir	ıg)							
C	Total lobbying expenditures (add	lines 1a and 1b) .									
d	Other exempt purpose expenditu										
е	Total exempt purpose expenditu	*	·								
f	Lobbying nontaxable amount. columns.	Enter the amount fr	rom the followin	g table in both							
	If the amount on line 1e, column (a)	or (b) is: The lobbying	nontaxable amour	nt is:							
	Not over \$500,000		nount on line 1e								
	Over \$500,000 but not over \$1,000,00		15% of the excess								
	Over \$1,000,000 but not over \$1,500		10% of the excess	-							
	Over \$1,500,000 but not over \$17,000		5% of the excess	over \$1,500,000.							
	Over \$17,000,000	Over \$17,000,000 \$1,000,000.									
g	Grassroots nontaxable amount (e										
h	Subtract line 1g from line 1a. If ze										
i	Subtract line 1f from line 1c. If ze				(1.5. 1700						
j	If there is an amount other that reporting section 4911 tax for the			d the organization	T'	Yes No					
	(Some organizations that made	4-Year Averaging le a section 501(h) ele See the separate instr	ection do not hav	e to complete all	of the five column	s below.					
	Lo	bbying Expenditures	During 4-Year A	veraging Period							
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total					
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount (150% of line 2a, column (e))										
С	Total lobbying expenditures										
d	Grassroots nontaxable amount										
e	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditure	s									
	· · · · · · · · · · · · · · · · · · ·				Schedule C (Form						

	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	า 5768	
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(6	a)	(b	p)
	ription of the lobbying activity.	Yes	No	Amo	ount
1 a	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?	×			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	×		Arm.	J. 1
C	Media advertisements?	×		30	0,535.
d	Mailings to members, legislators, or the public?	×			1,666.
е	Publications, or published or broadcast statements?	×			3,949.
f	Grants to other organizations for lobbying purposes?	×		T	7,483.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	×		105	5,479.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	×		43	3,843.
i	Other activities?		×		
j	Total. Add lines 1c through 1i	1.1	***		5,955.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		×	و المحمدة المراق ا المراق المراق	. Var
b	If "Yes," enter the amount of any tax incurred under section 4912	43,,	polici Prailing	,	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	717	14 PM		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)		L	がいい	BUC'V.
	501(c)(6).				es 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	ļ.,
3 Post	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)				!
rait	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."				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 political expenses for which the section 527(f) tax was paid).	s of			
а	Current year		2a		
b	Carryover from last year		2b	<u> </u>	
С	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	yıng	4		
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
5	t IV Supplemental Information				
Par	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	oup lis	t); Pa	rt II-A, line	es 1 and
Par Provid 2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
Par Provid 2 (see		19			

Part IV Supplemental Information (continued)
Pt II-B Line 1: Honduras, Executive Decree Number PCM-020-019, Article 1 Comprehensive
Sexuality Education Law
Pt II-B Line 1: Plan International, together with a group of allied delegates,
submitted a motion to the National Congress for the approval of a funding for
the project for the Promotion of Reading and Peace Culture, so that it can be
scaled throughout the country.

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**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.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2018

Employer identification number Name of the organization 51-0169168 PLAN INTERNATIONAL, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (h) Funds and other accounts (a) Donor advised funds Total number at end of year . . . . . . . . 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . 1 Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: \$\_\_\_\_\_ **b** Assets included in Form 990, Part X . . . . .

REV 11/12/18 PRO

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

BAA

	_
_	•
Dana	-

II GIL	III Organizations Maintaining	Collections of A	Art, Hist	oricai i	reasures	, or Ut	ner Similar As	sets (cor	itinued)				
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of th	e follov	ving that are a s	gnificant	use of its				
а	☐ Public exhibition		d l	Loan	or exchang	ge progi	rams						
b	☐ Scholarly research		e l	Other									
С	☐ Preservation for future generations	•											
4	Provide a description of the organizat XIII.								se in Part				
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donation ained as p	s of art, leart of the	historıcal tı e organızatı	reasure: ion's co	s, or other simila llection?		s □ No				
Part													
	Complete if the organization 990, Part X, line 21.								Form				
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?												
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:  Amount												
С	Beginning balance					10							
d	Additions during the year					1d							
е	Distributions during the year					1e							
f	Ending balance					1f							
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for e	scrow or c	ustodia	l account liability	? 🗌 Ye:	s 🗌 No				
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planatio	n has been	provide	ed on Part XIII .						
Par													
	Complete if the organization	answered "Yes"											
		(a) Current year	(b) Pro	or year	(c) Two yea	rs back	(d) Three years back	(e) Four y	ears back				
1a	Beginning of year balance												
b	Contributions								_				
С	Net investment earnings, gains, and losses												
d	Grants or scholarships	·											
е	Other expenditures for facilities and												
	programs							ļ					
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of t	he current year en	nd balanc	e (line 1g	, column (a	a)) held	as:						
а	Board designated or quasi-endowmer	nt ▶	%										
b	Permanent endowment ▶	%											
С	Temporarily restricted endowment ▶	%											
	The percentages on lines 2a, 2b, and		00%.										
3a	Are there endowment funds not in the	e possession of th	ne organi	zation the	at are held	and ad	ministered for th	e _					
	organization by.								es No				
	(i) unrelated organizations							3a(i)					
	(ii) related organizations							3a(ii)					
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	l as requi	red on So	chedule R?			3b					
4	Describe in Part XIII the intended uses	of the organization	on's endo	wment f	unds.								
Par	Land, Buildings, and Equip												
	Complete if the organization	answered "Yes	" on For	m 990, f	Part IV, lin	e 11a.	See Form 990,	Part X, lı	ne 10.				
	Description of property	(a) Cost or ot (investm			or other basis other)		Accumulated epreciation	(d) Book	value				
1a	Land		0.			CONTRACT OF	**************************************		0.				
b	Buildings			1,4	00,633.		,333,970.	6	6,663.				
c	Leasehold improvements												
d e	Equipment			37,8	21,299.	32	,152,323.	5,66	8,976.				
	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part 2	ι	n (B), line 1	0c.) .	•	5,73	5,639.				

Part VII	Investments - Other Securities.	10/ 11 - 5	. 000 D-+ IV	Bos 44b Oss Farms	- 000 P-+V I - 40				
		vered "Yes" on Form			ne 11b. See Form 990, Part X, line 12.				
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuationof-year market value				
(1) Financial									
	neld equity interests								
(3) Other				<u> </u>					
(~)				,,	· · · ·				
(B)									
(C)					Ł				
(D)					***				
(E)		····							
(F)	····				··				
(G)									
(H)	(1)		<del></del> -	PERFORMANCE AND SOME	SACREMENT OF THE PROPERTY OF THE				
	b) must equal Form 990, Part X, col (B) line 12.)			STATE THE SECOND STATE OF					
Part VIII	<b>Investments – Program Related</b> Complete if the organization answ		000 Part IV	line 11c See Form	000 Part Y line 13				
		vered res on rom							
	(a) Description of investment		(b) Book value	1	thod of valuation -of-year market value				
(1)									
(2)			<del></del>						
(3)		· · · · · · · · · · · · · · · · · · ·	<del></del> -						
(4)			- <del></del>						
(5)									
(6)									
(7)									
(8)					<del></del>				
(9)	b) must equal Form 990, Part X, col (B) line 13)								
Part IX	Other Assets.				Market and the second s				
Fait IX	Complete if the organization answ	vered "Yes" on Form	990 Part IV	line 11d. See Form	990. Part X. line 15.				
		Description	1000,1 4.11,	1110 110. 000 1 0111	(b) Book value				
(1) Inton	Plan Balances				69,681,191.				
	Fian balances				05,001,151.				
(2)									
(4)			······································	<del></del>					
(5)				<del></del>					
(6)		<del></del>							
(7)	•		,						
(8)									
(9)									
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			69,681,191.				
Part X	Other Liabilities.				<u> </u>				
	Complete if the organization ansv	vered "Yes" on Forn	n 990, Part IV,	line 11e or 11f. Sec	e Form 990, Part X,				
	line 25.								
1.	(a) Description of liability	(b) Book value	1711	VIII THE TAXABLE					
(1) Federal ır	ncome taxes								
(2) <sub>Accrue</sub>	ed Statutory Severence Pay	28,961,11	4.						
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	b) must equal Form 990, Part X, col (B) line 25.) ▶	28,961,11	4.						
2. Liability for	r uncertain tax positions. In Part XIII, provid	de the text of the footnot	te to the organiza	ation's financial stateme	ents 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

Pari												
	Complete if the organization answered "Yes" on Form 990,		T - T									
1	Total revenue, gains, and other support per audited financial statements		1									
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:											
а	Net unrealized gains (losses) on investments	2a										
b	Donated services and use of facilities	2b										
C	Recoveries of prior year grants	2c										
ď	Other (Describe in Part XIII.)	2d										
е	Add lines 2a through 2d		2e									
3	Subtract line 2e from line 1		3									
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:											
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a										
b	Other (Describe in Part XIII.)		40									
с 5	Add lines <b>4a</b> and <b>4b</b>		4c   5									
Part			<u> </u>									
rait	Complete if the organization answered "Yes" on Form 990,		netum.									
1			1									
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:											
а	Donated services and use of facilities	2a										
b	Prior year adjustments	2b										
С	Other losses	2c										
d	Other (Describe in Part XIII.)	2d										
е	Add lines 2a through 2d		2e									
3	Subtract line <b>2e</b> from line <b>1</b>		3									
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:											
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a										
b	Other (Describe in Part XIII.)	4b										
С			4c									
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5									
	XIII Supplemental Information.											
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part											
2, rai	Al, lines 20 and 4b, and Fait All, lines 20 and 4b. Also complete this part	to provide any additional in	iomaton.									
			•••••									
Pt X	, Line 2: Federal Income Taxes: A favourable dete	rmination letter ha	s been									
obta	ined by the Internal Revenue Service which exempt:	s Plan Internationa	il, Inc.									
_		501 ( ) (0)	_ ,,									
irom	federal income taxes under Internal Revenue Code	Section 501(c)(3).	Accordingly									
no t	ay charges arise on Plan International. Inc. is sho	ango in not accoto	Additionally									
	ax charges arise on Plan International, Inc.'s charges	ange in het assets.										
the	organization did not generate any unrelated busine	ess income during t	he vear									
ende	d June 30, 2019.											
		•										
	•••••••••••••••••••••••••••••••••••••••											

Schedule D (Form 990) 2018									
Part XIII	Supplemental Information (continued)	Page <b>5</b>							
	······								
	······································	······							
		······································							
	<del>,</del>								

# SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PLAN INTERNATIONAL, INC.

Employer identification number

51-0169168

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

1	For grantmakers. Does the or	rganizatior	n maint	ain records	s to substant	tiate the amount o	fits grants and		
	other assistance, the grantees	eligibility	for the	grants or	assistance,	and the selection	criteria used to		
	award the grants or assistance?	·						▼ Yes	☐ No

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

3 Activities per Region. (The fo		(c) Number of	· · · · · · · · · · · · · · · · · · ·	Γ	(0 Tatal
(a) Region	(b) Number of offices in the region	employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Central America	32	1244	Program Services	General Support	53,539,166.
(2) Central America	0	0	Fundraising		275,344.
(3) East Asia and Pacific	46	1420	Program Services	General Support	91,482,309.
(4) East Asia and Pacific	0	0	Fundraising		124,549.
(5) Middle East	15	225	Program Services	General Support	15,048,131.
(6) Middle East	0	0	Fundraising		48,202.
(7) South America	53	814	Program Services	General Support	32,991,837.
(8) South America	0	0	Fundraising		361,576.
(9) South Asia	29	602	Program Services	General Support	42,177,677.
(10) South Asia	0	0	Fundraising		23,308.
(11) Sub-Saharan Africa	172	4992	Program Services	General Support	377,758,484.
(12) Sub-Saharan Africa	0	0	Fundraising		263,198.
(13) Europe	3	40	Program Services	General Support	6,528,477.
(14) Europe	0	0	Fundraising		1,854,660.
<b>(15)</b> Europe	0	0	Operational	General Support	47,288,349.
(16)					
(17)					
3a Subtotal	350	9337	A second	Will have been a proper and the second	669,765,267.
<b>b</b> Total from continuation sheets to Part I			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	257	
c Totals (add lines 3a and 3b)	350	9337	1 A 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Part To a car to the Commence of statement	669,765,267.

Page 2

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)												•					7		Schedule F (Form 990) 2018
(h) Description of noncash assistance																	x-exempt	<b>A</b>	Schedu
(g) Amount of noncash assistance																	try, recognized as ta		
(f) Manner of cash disbursement																	are recognized as charities by the foreign country, recognized as tax-exempt section 501(c)(3) equivalency letter		
(e) Amount of cash grant																	ignized as charities 501(c)(3) equivalen		
(d) Purpose of grant	SEE	ATTACHED	PDF	FILE	FOR	FURTHER	INFORMATION										Enter total number of recipient organizations listed above that are recognized as charities by the fi by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	es sa	REV 11/05/18 PRO
(c) Region	Central America	East Asia and Pacific	Europe	Middle East	South America	South Asia	Sub-Saharan Africa										Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided a	Enter total number of other organizations or entities	
(b) IRS code section and EIN (if applicable)			,	·					,	,		,					nber of recipien for which the gr	nber of other or	
(a) Name of organization				,	,		,		•		,					,	Enter total nun by the IRS, or	Enter total nun	
-	(£)	(2)	<u>(S</u>	(4)	(5)	(9)	(3)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	7	က	

REV 11/05/18 PRO

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part III Grants ar

במולהם הפון מפון מפתחום	n shace	is licence.					
(a) Type of grant or assistance	(b) Kegion	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(n) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)			•				
(15)	:						
(16)			•				
(17)				:			
(18)							
ВАА		REV 11/05/18 PRO				Sch	Schedule F (Form 990) 2018

1	Pac	e	4

chedu	le F (Form 990) 2018		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	⊠ Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		

□ No

X Yes

# Part V Supplemental Information

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

Pt I Line 2: Payments are subject to an agreement, memorandum of understanding
or contract between Plan and the third party. The program is often broken into
discrete projects and activities planned over time. Funding would be released
in tranches with each tranche being conditional on satisfactory progress of the
program activity and a satisfactory accounting for the funds already advanced.
Local program staff will work with implementing partners throughout the project's
life and finance department staff and operational management will visit to review
progress periodically. Larger projects will be visited by senior operational
and financial management from the country offices. Additionally, the country's
own internal control teams may audit projects and Plan's Global Assurance team
might also audit projects. Projects that are funded by grants received from
third party donors will also be subject to scrutiny via reporting specified by
the donor. Such reporting is typically quarterly and such projects may also
be subject to external audit on behalf of the donor. Finally, Plan's external
auditors review project spending as part of the annual financial statement audit
process.

# **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.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Na

Internal Revenue Service	► Go to www.irs.gov/F	orm990 for i	nstructions a	nd the latest informa		Inspection		
Name of the organization	^				Employer identific	ation number		
PLAN INTERNATIONAL, INC. 51-0169168  Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.								
	are not required to			vered res on i	romi 990, Part IV, i	ine i7.		
1 Indicate whether the organ	ization raised funds th	rough any	of the follo	owing activities. C	heck all that apply.			
a   Mail solicitations		e 2	Solicitati	on of non-govern	ment grants			
b ☐ Internet and email solicitations f ☒ Solicitation of government grants								
c ☐ Phone solicitations g ☐ Special fundraising events d ☐ In-person solicitations '								
<ul> <li>a in-person solicitations</li> <li>2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,</li> </ul>								
or key employees listed in								
<b>b</b> If "Yes," list the 10 highest	•	-			=			
compensated at least \$5,0			araiooro, pe	arouant to agreen	ionio undoi willon un			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
Diameter Del Combre Trees	T	Yes	No	<u> </u>	··			
1 Dinamica Del Cambio, Juan 1 Mera 1741 Av Francisco De Ore	llana		×		50 500	50 503		
2 Limitless Publicidad SRL Wir	Consulting			0.	50,523.	-50,523.		
Charcinitities flaza bas Amelica	" " Consulting		×	0.	39,424.	-39,424.		
3 Pulso Publico Assessoria; L Padre Pericles 145 Barrafu	argo							
Sao Paulo, SP 01156-	040 Consulting		×	0.	37,446.	-37,446.		
Mulhers Ageis Profission	onal	1	×	0.	35,531.	<u>-35,531.</u>		
Ltda Kua Gualpa //8-Sao P	auto Consurcing			0.	33,331.	<u> -33,331.</u>		
Nation Media Group-Nation Ce Kimathi Street, Nairobi, K	entre     Advertising		×	_0.	26,689.	-26,689.		
6 pt Appen Direct-Hob Plaza Thamrin	Nine							
Lt 34 Unit 2 Ji Mn Thamrin, Takarta	Pusat Consulting		×	0.	22,785.	-22,785.		
7 Proportion Enterprise BV WG Plei 1054 Sc Amsterdam, Netherl	n 100		×	0.1	21,745.	-21,745.		
TOTA 2C MIIRCETTAIN MECHETT	allus Combarcing			· ·	21,113.	21,745.		
8 Googlel Av Brigadeiro Fa Lima 3477 Itaim Bibi	aria SP Advertising	_	×	0.	15,085.	-15,085.		
9 Vallor Digital Solucoes, R, E	Desem				-			
<u></u>	001100101119		×	0.	11,381.	-11,381.		
10 Lorena Oliva, Calle Dr. Pineyro 160 Apartemento 102, Santo Don	# 160 Consulting		×	0.	8,683.	-8,683.		
16U Apartemento 102, Santo Doi	ningo ( Collsuittild	l	1	1 0.1	0,003.	-8,683.		
Total	<u> </u>	· · ·	<b>▶</b>	0.	269,292.	-269,292.		
3 List all states in which the	organization is regist	ered or lic	ensed to s	olicit contribution	s or has been notifie	d it is exempt from		
registration or licensing.								
•								
•••	·							
		<del>-</del>		***************************************				
		· · · · · · · · · · · · · · · · · · ·						
				·				

Sche	edule G	i (Form 990 or 990-EZ) 2018				Page <b>2</b>
Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
<u>ac</u>	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if th	act line 10 from line 3, c le organization answe	olumn (d)	▶ [	or reported more than
συ.		\$15,000 on Form 990-E2		(b) Pull tabs/instant	4100	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
	1	Gross revenue				
sesu	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expe	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	<b>a I</b> s	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states		Yes No
10		/ere any of the organization's g "Yes," explain.	jaming licenses revoked	l, suspended, or termin	ated during the tax year	? . ☐ Yes ☐ No

Schedu	ule G (Form 990 or 990-EZ) 2018		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:		
а	The organization's facility		%_
þ	An outside facility		%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		·
	Address ►		
	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		
С	amount of gaming revenue retained by 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.		
а	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iii) and ( nal infor	v); and mation.

### **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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PLAN INTERNATIONAL, INC

Employer identification number 51-0169168

Part	Questions Regarding Compensation			
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	SANSAN	Yes	No
Ia	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	1		
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
•	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	5150.4		
	explain	1b	×	4134
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	202.30		
	1a?	2	×	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			No.
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract	200		
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
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:			
_		4a	X	Marie 18
a L	Receive a severance payment or change-of-control payment?	4b	<u> </u>	×
b	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	×
C	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		<b>海</b> 尔	
	compensation contingent on the revenues of.			
а	The organization?	5a		×
b	Any related organization?	5b		×
	If "Yes" on line 5a or 5b, describe in Part III.			
				8
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:			
а	The organization?	6a	and the first	X
b	Any related organization?	6b		×
_	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	201 201	******	
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7_		×
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		×
				1.
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	5.85.864	Karali.	i i i i i i i i i i i i i i i i i i i
	Regulations section 53 4958-6(c)?	1 0	1	i

Schedule J (Form 990) 2018

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

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 (Bi(i)-(iii) for each listed individual must actual the total amount of Form 900. Dart VIII. Section A line 1s and columns (Bi(i)-(iii) for each listed individual must actual the total amount of Form 900.

Note: The sum of columns (B)(I)-(III) for each listed individual must equal (B) Breakdown of W-2 and	eac	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Betweened and (C) Betweened a	C compensation	(C) Betrement and	a, applicable column	n (D) and (E) annound	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(a)+(i)(a)	in column (B) reported as deferred on prior Form 990
Anne-Birgitte Albrectsen	€	. 000 . 66	0.	0.	0	0	.000,66	0.
ve Officer	Ξ	0.	0	0	0.	234,406.	234,406.	0.
Tara Camm	€	0	0.	0.	0	0	0	0
f Legal Officer	€	0.	0.	.0	.0	167,168.	167,168.	0.
ner	Ξ	0.	0.	0.	0.	0	0	0
erating Officer	Ξ	.0	0	0.	.0	227,812.	227,812.	0.
rdnrzn	€	133,306.	0.	13,309.	12,075.	0	158,690.	0
- e	Ξ	.0	0.		0.	0.	0.	0.
<u> </u>	ε	152,066.	0.	13,281.	14,842.	0	180,189.	0
t Afrıca	<b>(E)</b>	.0	0.			0.	0.	0.
Roland Angerer	(i)	113,577.	0	49,698.	5, 128.	0	168,403.	0.
South Africa	Ξ	0.	0.	0.		0.	0.	0
<u> </u>	ε	139,405.		4,728.	6, 664	0.	153,797.	.0
æ	Ξ	0	0.	0.	0.	0.	0.	0.
nseca	(i)	143,555.		51,550.	24,050.	0.	219,155.	0.
t Director-Laos	(ii)	.0	0.	0.	0.	0.	0.	0.
John McDonagh	(i)	175,897.	0.	97,332.	0	0	273,229.	0.
9 Country Director-Thailand	(ii)	.0			0.	0.	0.	0.
Ryan Lander	(!)	156, 536.	0	108,125.	4,489.	0.	269,150.	0.
10 Country Director-Phillipines	(ii)	0	0.		0.	0.	0.	0.
Kelland Stevenson	(i)	168,345.	0.	92,056	4,335.	0	267,736.	0.
11 Country Director-Myanmar	(ii)	0.	0.	0.	0.	0.	0.	0.
L	(1)	151,982.	0.	70,623.	4,809.	0	227,414.	0
12 Regional Youth Employment Specialist	(ii)			0.	0.	0.	0.	0.
Pamela Innes	<u>(i)</u>	0.	0	0	0	0.	0	0
13 Director of Human Resources/Org Development	(ii)	0.	0.	0.	0.	140,103.	140,103.	0.
	(I)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
14	Œ)							
	€							
15	€							
	€				-			
16	Ξ							
ВАА			REV 11/05/18 PRO				Sch	Schedule J (Form 990) 2018

## SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

PLAN INTERNATIONAL. INC

51-0169168

Employer identification number

	INTERNATIONAL, INC.		·	51-016	9168	
Part	Types of Property				<u> </u>	
		(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 determini noncash contribution an	
1	Art-Works of art			-		
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	×		15,025.	FAIR MARKET VAI	LUE
5	Clothing and household					
	goods	×		541,499.	FAIR MARKET VAI	LUE
6	Cars and other vehicles	×	4	213,190.	FAIR MARKET VAI	LUE
7	Boats and planes					
8	Intellectual property			<u> </u>		
9	Securities-Publicly traded			<u></u>		
10	Securities-Closely held stock.					
11	Securities-Partnership, LLC,					
	or trust interests					
12	Securities-Miscellaneous					
13	Qualified conservation					
	contribution—Historic					
	structures					
14	Qualified conservation contribution—Other					
15	Real estate-Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	×	289	53,077,779.	FAIR MARKET VAI	LUE
20	Drugs and medical supplies	×	3	648,545.	FAIR MARKET VAI	JUE
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► (Bedding/Bed Nets)	×	13	6,809,358.	FAIR MARKET VAI	
26	Other ► (Tents & Shelters)	×	7	267,552.	FAIR MARKET VAI	
27	Other ► (Tools & Equipment)	×	3	347,246.	FAIR MARKET VAI	<u>_UE</u>
28	Other ► ( )					
29	Number of Forms 8283 received which the organization completed	•				
	which the organization completed	FUIII 0200	s, Fart IV, Donee Acknowled	agement	29	s No
	5			and the second second		2 140
30a	During the year, did the organization					
	28, that it must hold for at least to be used for exempt purposes to				<del></del>	
	' ' '		e notating period:		· · · 30a	×
ь 31	If "Yes," describe the arrangemen Does the organization have a		stance notice that recover	se the review of any m	onstandard	
31		giit accer	• •	es the review of any in		
322	Does the organization hire or use			e to collect process or st	· · · 31 X	+
32a		•	ties or related organization	•		
L					· · · 32a	X
33 p	If "Yes," describe in Part II.  If the organization didn't report an	amount in	column (a) for a type of pro	norty for which column (a)	is checked	
33	describe in Part II.	amount III	column (c) for a type of pro	perty for which column (a)	5 CHECKEU,	

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Pt I co	l(b): In all cases, Column B represents the number of contributions and
not the	number of items contributed.
•••••	
••••••	······································
••	

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

OMB No 1545-0047

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

PLAN INTERNATIONAL, INC.	51-0169168
Pt VI, Line 3: Plan International, Inc (Plan) has a manag	ement services subsidiary,
Plan Limited, established in the United Kingdom (UK). The	directors of this
subsidiary during the year ended June 30, 2019 were the C	EO and Chief of Staff
of Plan International, Inc. The COO and other Senior Mana	gement of Plan Limited
report to the CEO of Plan International. Inc. The service	es provided by Plan Limited
include programme and fundraising support services and ma	nagement services for
Plan International, Inc. and its member organizations. P	rogramme support services
include programme policy and technical expertise, impact	evaluations and research,
as well as systems which are integral to programme implem	mentation. Fundraising
activities include funding of new Plan National Organizat	ions, business development
of existing National Organizations and business and plann	ning services designed
to develop the fundraising capabilities of Plan. Support	activities include governance,
legal, finance, internal audit, human resources and back	office information technology
services.	
Pt VI, Line 6: The Members of Plan International, Inc are	separate legal entities(National
Organizations) established with objectives, purposes and	constitutions which
are substantially similar to those of Plan International,	Inc. These National
Organizations carry out fundraising, development education	on and advocacy and those
in India and Colombia also carry out development programm	nes in their respective
countries. National Organizations are admitted as Member	s of Plan International,
Inc. in accordance with Plan International, Inc's By-laws	s. During the year ended
June 30, 2019 there were 20 Member National Organizations	S.
	· · · · · · · · · · · · · · · · · · ·
Pt VI, Line 7a: The Board of Plan International, Inc, is	elected by the Members'

and also on an annual basis.

Name of the organization	Employer identification number
PLAN INTERNATIONAL, INC.	51-0169168
Pt VI, Line 15a: The compensation of the CEO is determined by a	performance
review by Board and by use of comparability data for similar rol	es in the sector.
Pt VI, Line 19: The financial statements of Plan International,	Inc. together
with the governing documents and policies are available upon reg	uest. Additionally,
Plan International, Inc. posts the Annual Review and Worldwide a	ccounts as well
as the main policies that govern Plan's work on it's website (http	://plan-international.org)
Pt XI: Other changes in net assets or fund balances is due to th	e currency translation
adjustment between opening and closing reserves of \$3,302,896).	
Pt XII, Line 3b: The Uniform Guidance audit for the fiscal year 2019 has been submitted.	ended June 30,
Other: FORM 990, PART III, LINE 4d, OTHER PROGRAM SERVICES	
Other: Sexual and Reproductive Health including HIV (\$50,966,081	). Provision
of sex education promotion of sexual and reproductive health ser	vices, especially
for young people. During the year ended June 30, 2019 Plan reach	
girls, boys, women and men through it's sexual and reproductive	
work.	
Other: Water and Improved Sanitation (\$31,254,222). Installing	latrines, sewer
systems, provisions of affordable drinking water, hygiene promot	ion and health
education and training.	
Other: Adequate Standard of Living (\$46,360,728). Availability	of water, improving

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
PLAN INTERNATIONAL, INC.	51-0169168
sanitation standards, medical access and education, as well a	as building sustainable
communities.	
Other: Protection from all forms of Violence (\$63,290,170).	Protections from
exploitation, neglect, abuse and violence; training of childs	cen and parents,
capacity building of government and civil society organization	ons in child protection
issues, child protection and promotion of child rights.	
issues, child protection and promotion of child lights.	
Other: Participate as Citizens (\$41,788,781). Education thro	ough child media,
life skills training for adolescents, Because I am a Girl Car	npaign and child
and youth group activities. During the fiscal year ended June	e 30, 2019 Plan reached
4,587,921 girls, boys, women and men through its skills and	opportunities for
youth employment and entrepeneurship programs.	
Youth employment and entrependationip programs.	
Other: Sponsorship Communications (\$33,461,104). From enrol.	ling children in
the scheme, monitoring their development within their communi	ities and other visits
and communications with their sponsors. During the fiscal years	ear end June 30,
2019, 1,198,545 children were assisted and assigned to sponso	ors and 176,710 children
were assisted pending assignment to sponsors; and Plan had 1	,087,467 sponsors.
Pt III, Line 4d:	
Expenses: \$267,121,086 including grants of: \$0 Revenue: \$0	
Description: See Schedule O	

# SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

PLAN INTERNATIONAL, INC.

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

OMB No 1545-0047

Employer identification number

51-0169168

,	,						
(a) Name, address, and EIN (if applicable) of disregarded entity	Рита	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	lling
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
Part II Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year.	ons. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ng the tax year.	e organization ar	swered "Yes" o	n Form 990, Par	t IV, line 34, beca	luse it ha	ס
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13)
						Yes	ş
(1) Plan International USA, Inc. 13-5661832 155 Plan Way Warwick RI 02886	Supported Organization Pundraising	RI	501(c)(3)	7	N/A		×
(2) Plan International Australia N/A Level 18/60 City Road, Southbank VIC 3006, AS MM	Supported Organization Pundraising	AS	See Sch A Pt. VI	See Sch A Pt.	VI N/A		×
(3) Plan Belgigue ABSI N/A Galerie Ravenstein 3B5 1000 Bruxelles, BE	Supported Organization Pundraising	BE	See Sch A Pt. VI	See Sch A Pt.	VI N/A		×
International Canada N/A on Avenue East, Ste 300, Toronto M4P OB3 Ontario, CA	Supported Organization Pundraising	CA	See Sch A Pt. VI	See Sch A Pt.	VI N/A		×
FI	Supported Organzation Fundraising FI	FI	See Sch A Pt. VI	See Sch A Pt.	VI N/A		×
, FR	Supported Organization Pundraising F.R.	FR	See Sch A Pt. VI	See Sch A Pt.	VI N/A		×
(7) See Statement							

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018	rm 990) 2018			,									Page 2
Part III	Identification of Related Organizations Taxable because it had one or more related organizations to	lelated Organizated or more related	itions Taxable organizations		<b>rtnership.</b> C Is a partners	<b>as a Partnership.</b> Complete if the organiza eated as a partnership during the tax year.	e organiza e tax year.	ıtion answe	red "Yes	as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, reated as a partnership during the tax year.	, Part IV, I	ine 34,	
Name, a relati	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) of- Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or 20 managing		(k) Percentage ownership
									Yes	No	Yes	٩ ٧	
(1)					<del></del>								
(2)													
(3)													
(4)													
(2)												1	
(9)													
(2)													
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	Related Organizated Organizated	ations Taxable	e as a Co izations t	orporation or reated as a	or Trust. Corr	nplete if the	e organizat ing the tax	ion answ year.	ered "Yes" on	Form 990	, Part IV	
Name	(a) Name, address, and EIN of related organization	d organization	(b) Primary activity	y (sta	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type (C corp, S e	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	2(b)(13) illed y?
												Yes	ટ
(1) Plan Limited Dukes Court Block A, Duke	(1) Plan Limited N/A Dukes Court Block A, Duke Street Woking Surrey GU21 58H, UK	<del></del>	Support Serv	Services UK		N/A	U	38	38, 488, 439.	8,384,451.	100.00	×	
(2)				•									
(3)													
(4)								_					
(5)													
(9)													
(7)													
BAA					REV 05/17/19 PRO	19 PRO				S	Schedule R (Form 990) 2018	Form 99(	) 2018

Schedule R (Form 990) 2018

Part V Transacti

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

				- 1	
<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No	٥ N
1 During the tax year, did the organization engage in any of the following transactions with one	or more related organizations listed in	nzations listed in Part	Parts II-IV		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				×	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b	×	×
c Gift, grant, or capital contribution from related organization(s)		•		×	ĺ
d Loans or loan distantages to or for related organization(s)			7	×	×
				( )?	<u>.</u>
e Loans or loan guarantees by related organization(s)				×	×
				_	. (
f Dividends from related organization(s)				×	×
g Sale of assets to related organization(s)			10	×	×
			-	×	×
	•	• • • •		;  }	: ,
Exchange of assets with related organization(s)			· · · · · · · · · · · · · · · · · · ·	×	×
j Lease of facilities, equipment, or other assets to related organization(s)				×	×
k Lease of facilities, equipment, or other assets from related organization(s)			<del> </del>	×	×
l 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)			- 1	×	×
	· · · ·	•		<b>×</b>	×
				1	,
o Sharing of paid employees with related organization(s)				×	×
<b>p</b> Reimbursement paid to related organization(s) for expenses				×	
<b>q</b> Reimbursement paid by related organization(s) for expenses	•		10	×	
r Other transfer of cash or property to related organization(s)			1	× 	×
	•	· · · ·		ľ	×
Social italistes of cash of property from refaced organization (s)				`    	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	complete this line, incl	including covered relation	covered relationships and transaction thresholds.	spolds.	ان
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	involved	ğ
	(s – a)				
(1) Plan International USA, Inc.	υ	36, 376, 232.	Pledged Amount		
(2) Plan International Australia	C	24,616,641.	Pledged Amount		
(3) Plan Belgium	U	15,021,941.	Pledged Amount		
(4) Plan International Canada	U	128,339,488.	Pledged Amount		
Is Dian Growi Gastio	(	010			
ממסוווד	)		ב דבת אבת שווים מוור		
(6) See Statement		1,486,709,987.			
BAA REV 05/17/19 PRO			Schedule R (Form 990) 2018	990) 20	910

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

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) (b) (c) (d) (e)	(q)	(c)	(p)	(e)		(a)	(6)	ε	-	9		$\vdash$	8
Name, address, and EIN of entity	Frimary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?		Share of total income	Share of end-of-year assets	Disproportionate allocations?	ionate (	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
			sections 512-514)	Yes No	9			Yes	9		Yes No	å	
(1)													
(2)									<u> </u>				
(6)													
(4)													
(5)									<u> </u>				
(9)													
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(10)													
(11)							:					-	
(12)													
(13)													
(14)			:						<u> </u>				
(15)													
(16)					1				-			<u> </u>	
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Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.
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Schedule R (Form 990) 2018