

**PACT, INC.**

Form 990 for the  
Year Ended September 30, 2021

**Public Disclosure Copy**

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2020

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

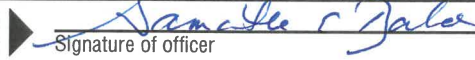
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PACT, INC.</b>		<b>D</b> Employer identification number <b>13-2702768</b>	
	Doing business as		<b>E</b> Telephone number <b>(202) 466-5666</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1140 3RD STREET NE 400</b>		<b>G</b> Gross receipts \$ <b>176,497,057.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20002</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>F</b> Name and address of principal officer: <b>CAROLINE ANSTEY SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: <b>WWW.PACTWORLD.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>				
			<b>L</b> Year of formation: <b>1971</b>	
			<b>M</b> State of legal domicile: <b>DC</b>	

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>11</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>11</b>	
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b> <b>194</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> <b>11</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> <b>0.</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>125,885,510.</b>	<b>Current Year</b> <b>167,277,502.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>494,076.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-1,105,330.</b>	<b>-41,464.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>8,366,100.</b>	<b>6,529,656.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>133,146,280.</b>	<b>174,259,770.</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>59,533,478.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>44,644,596.</b>	<b>48,850,295.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>17,461.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>24,311,131.</b>	<b>42,693,590.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>128,489,205.</b>	<b>169,535,706.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>4,657,075.</b>	<b>4,724,064.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>42,828,323.</b>	<b>End of Year</b> <b>57,821,489.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>30,790,520.</b>	<b>40,657,154.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>12,037,803.</b>	<b>17,164,335.</b>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer	<b>June 22, 2022</b> Date
	<b>SAMANTHA BARBEE, CFO</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARY TORRETTA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00847851</b>
	Firm's name <b>GRANT THORNTON LLP</b>	Firm's EIN <b>36-6055558</b>		Phone no. <b>(703) 847-7500</b>	
	Firm's address <b>1000 WILSON BOULEVARD, SUITE 1400 ARLINGTON, VA 22209</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>PACT, INC.</b>	Taxpayer identification number (TIN) <b>13-2702768</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1140 3RD STREET NE, NO. 400</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20002</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SAMANTHA BARBEE**

- The books are in the care of ▶ **1140 3RD STREET NE - WASHINGTON, DC 20002**  
Telephone No. ▶ **(202) 466-5666** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PACT ENABLES SYSTEMIC SOLUTIONS THAT ALLOW THOSE WHO ARE POOR AND MARGINALIZED TO EARN A DIGNIFIED LIVING, BE HEALTHY, AND TAKE PART IN THE BENEFITS THAT NATURE PROVIDES. (CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 37,799,030. including grants of \$ 22,898,810. ) (Revenue \$ 37,799,030. ) KIPYA KIZAZI: CARING FOR CHILDREN AND EMPOWERING YOUNG PEOPLE

PACT ENABLES MILLIONS OF TANZANIAN ORPHANS AND VULNERABLE CHILDREN (OVC) AND YOUNG PEOPLE AFFECTED BY HIV AND THEIR CAREGIVERS TO UTILIZE AGE APPROPRIATE HIV-RELATED AND OTHER SERVICES FOR IMPROVED CARE, HEALTH, NUTRITION, EDUCATION, PROTECTION, LIVELIHOODS AND PSYCHOLOGICAL WELLBEING. TO ACHIEVE IT'S GOAL OF ENSURING CHILDREN AND YOUTH THRIVE AND SURVIVE THROUGH SUSTAINABLE IMPROVEMENTS IN HEALTH AND SOCIAL WELLBEING, THE KIZAZI KIPYA PROGRAM COLLABORATES WITH CIVIL SOCIETY ORGANIZATIONS (CSOS), THE GOVERNMENT OF TANZANIA (GOT) AT NATIONAL, REGIONAL AND DISTRICT LEVELS, COMMUNITIES, AND OTHER STAKEHOLDERS. THROUGHOUT THE PROJECT'S (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 14,839,887. including grants of \$ 6,014,556. ) (Revenue \$ 14,839,887. ) Z-CHPP

PACT IMPLEMENTS USAID'S FLAGSHIP ZAMBIA COMMUNITY HIV PREVENTION PROJECT IN 11 TARGETED DISTRICTS IN ZAMBIA, WORKING CLOSELY WITH AND STRENGTHENING A RANGE OF LOCAL ORGANIZATIONS AND INSTITUTIONS TO ACCELERATE PROGRESS IN THE FIGHT AGAINST HIV AND AIDS. THE PROJECT'S GOAL IS TO REDUCE NEW HIV INFECTIONS, WITH A KEY FOCUS ON PEOPLE LIVING WITH HIV (PLHIV), DISCORDANT COUPLES, ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW), MOBILE POPULATIONS, AND OTHER HIGH-RISK GROUPS. IN FY 2021, THE PROJECT REACHED 5,281 PEOPLE WHO ARE HIV POSITIVE WITH INTERVENTIONS INCLUDING HIGH-IMPACT HIV SERVICES. THE PROJECT DISTRIBUTED 3,567,050 CONDOMS TO TARGET PRIORITY POPULATIONS, (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 9,979,236. including grants of \$ 4,409,010. ) (Revenue \$ 9,979,236. ) ADVANCING COMMUNITY EMPOWERMENT IN SOUTHEASTERN MYANMAR (ACESM)

PACT, IN PARTNERSHIP WITH 57 LOCAL AND THREE INTERNATIONAL PARTNERS, IMPLEMENTS USAID'S FLAGSHIP MYANMAR INTEGRATED LOCAL GOVERNANCE PROJECT IN 3,414 VILLAGES ACROSS THE COUNTRY'S SOUTHEAST REGION. BY SUPPORTING INCLUSIVE AND DEMOCRATIC DECISION-MAKING, ACE EMPOWERS COMMUNITIES TO TAKE CONTROL OF THEIR OWN DEVELOPMENT. THE ACE PROJECT HAS BROUGHT ACCESS TO QUALITY HEALTH SERVICES TO 54,319 INDIVIDUALS, SUPPORTED SCHOOLS EDUCATING 140,192 STUDENTS, IMPROVED ACCESS TO FINANCE FOR 3,836 WOMEN, AND IMPROVED SANITATION FACILITIES FOR 5,842 PEOPLE. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 82,245,026. including grants of \$ 44,669,445. ) (Revenue \$ )

4e Total program service expenses 144,863,179.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 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> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		194
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country <b>SEE SCHEDULE O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	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.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SAMANTHA BARBEE - (202) 466-5666 1140 3RD STREET NE, WASHINGTON, DC 20002



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

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

**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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD HARRSION MD, SMART POWER MYANMAR	40.00 0.00				X			353,565.	0.	40,275.
(2) FAHMID KARIM BHUIYA, MD COO, PGMF	5.00 40.00				X			310,678.	0.	44,580.
(3) CAROLINE ANSTEY PRES & CEO (BEG 03/2020)	40.00 10.00			X				335,357.	0.	1,100.
(4) KURT A. MACLEOD REGIONAL VP	40.00 0.00				X			245,180.	0.	49,267.
(5) BRIAN VO VP, SOCIAL INVEST. & ALT FIN.	40.00 0.00				X			245,393.	0.	44,189.
(6) MARIA BARTON GC & CHIEF COMPLIANCE OFF.	40.00 10.00			X				277,972.	0.	9,931.
(7) MARY CHRISTINE OWEN COUNTRY DIRECTOR/COP, THAILAND	40.00 0.00				X			240,611.	0.	40,637.
(8) SAMANTHA BARBEE CHIEF FINANCIAL OFFICER	40.00 10.00			X				258,258.	0.	18,309.
(9) ANTON N. PESTANA GLOBAL COUNTRY DIRECTOR	40.00 0.00				X			230,914.	0.	31,402.
(10) SABINE JOUKES COUNTRY DIRECTOR, CAMBODIA	40.00 0.00				X			221,881.	0.	32,961.
(11) RANAHAH AFRIYE REGIONAL DIRECTOR, AFRICA	40.00 0.00				X			220,767.	0.	29,957.
(12) LARRY ROBERT KREMER SENIOR DIRECTOR, ENERGY SERVICES	40.00 0.00					X		220,122.	0.	25,803.
(13) JASON MEIKLE DEPUTY DIRECTOR, PGMF	40.00 40.00				X			205,004.	0.	34,532.
(14) KATE MUSIMWA SR.REGIONAL DIRECTOR AFRICA	40.00 0.00				X			190,516.	0.	46,181.
(15) MARILYN G. SANGIWA VP, GLOBAL HEALTH	40.00 0.00				X			203,130.	0.	30,956.
(16) LESLIE F. MITCHELL COUNTRY DIRECTOR-KENYA	40.00 0.00				X			209,095.	0.	22,999.
(17) EUGENE JAMES GRALL REGIONAL DIRECTOR, AE	40.00 0.00				X			204,288.	0.	24,786.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER A. MULIK PROJECT DIRECTOR - ACHIEVE	40.00 0.00				X		190,258.	0.	33,266.	
(19) MARK VISO PRES & CEO (THRU 07/2019)	0.00 0.00					X	222,820.	0.	0.	
(20) NICOLE MILLER COUNTRY DIRECTOR-SWAZILAND	40.00 0.00				X		177,802.	0.	37,812.	
(21) CHRISTOPHER T. WYROD CHIEF OF PARTY - REGIONAL	40.00 0.00				X		186,762.	0.	18,967.	
(22) BARRY FLAMING SENIOR AFOLU ADVISOR - REGIONAL	40.00 0.00				X		167,512.	0.	29,263.	
(23) BREGEITA JEFFERSON VP - BUSINESS OPERATIONS	40.00 0.00				X		156,572.	0.	30,554.	
(24) MATTHEW S CULLINEN SENIOR DIRECTOR, RENEWABLE ENERGY	40.00 0.00				X		161,599.	0.	22,849.	
(25) MAMUNUR RASHID FINANCE DIRECTOR - PACT PGMF	5.00 40.00				X		154,745.	0.	24,740.	
(26) NATASHA SAKOLSKY EXECUTIVE DIRECTOR PACT INSTITUTE	0.00 40.00					X	118,840.	0.	36,261.	
<b>1b Subtotal</b>							5,709,641.	0.	761,577.	
<b>c Total from continuation sheets to Part VII, Section A</b>							258,848.	0.	20,736.	
<b>d Total (add lines 1b and 1c)</b>							5,968,489.	0.	782,313.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **71**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RSM US LLP, 331 W. 3RD STREET, SUITE 200, DAVENPORT, IA 52801	PROFESSIONAL CONSULTING SERVICES	202,273.
ADAPTIVE INSIGHTS, LLC, 2300 GENG ROAD, SUITE 100, PALO ALTO, CA 94303	PROFESSIONAL TECHNICAL SUPPORTS	124,982.
BDO USA, LLP, 8401 GREENSBORRO DRIVE, SUITE 800, MCLEAN, VA 22102	PROFESSIONAL ADVISORY SERVICES	120,902.
HEAD GLOBAL, LLC, 703 NEWTON PLACE NW, UNIT 1, WASHINGTON, DC 20010	PROFESSIONAL EMPLOYMENT SERVICES	109,614.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	4,409,427.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	154,023,149.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,844,926.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			167,277,502.			
Program Service Revenue	<b>2 a</b> PROJECT INCOME	<b>Business Code</b>	900099	452,887.	452,887.		
	<b>b</b> CAPACITY SOLUTIONS LICENSE FEE		900099	41,189.	41,189.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			494,076.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			51,047.		51,047.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	1,138,151.	1,006,625.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	1,008,297.	1,228,990.			
<b>c</b> Gain or (loss)	<b>7c</b>	129,854.	-222,365.				
<b>d</b> Net gain or (loss)			-92,511.		-92,511.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> AFFILIATE ADMIN FEES	<b>Business Code</b>	900099	6,032,905.	6,032,905.		
	<b>b</b> OTHER REVENUE		900099	496,751.		496,751.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			6,529,656.			
<b>12 Total revenue.</b> See instructions			174,259,770.	6,526,981.	0.	455,287.	

**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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	15,451,374.	15,451,374.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	62,540,447.	62,540,447.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,103,481.	1,164,465.	1,939,016.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	34,827,680.	26,346,815.	8,478,639.	2,226.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	3,361,598.	3,315,094.	46,504.	
<b>9</b> Other employee benefits .....	5,469,580.	2,179,399.	3,289,761.	420.
<b>10</b> Payroll taxes .....	2,087,956.	1,514,908.	572,878.	170.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	208,522.	113,587.	94,935.	
<b>c</b> Accounting .....	423,754.	205,449.	218,305.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	16,000.		16,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	7,243,211.	5,442,878.	1,791,971.	8,362.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	1,167,062.	900,399.	260,380.	6,283.
<b>14</b> Information technology .....	2,001,064.	886,389.	1,114,675.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	4,805,242.	2,004,246.	2,800,996.	
<b>17</b> Travel .....	2,677,316.	2,654,422.	22,894.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	15,144,906.	15,136,387.	8,519.	
<b>20</b> Interest .....	183,316.	52.	183,264.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	316,571.	23.	316,548.	
<b>23</b> Insurance .....	328,919.	63,344.	265,575.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>VEHICLE EXPENSE</b> .....	916,951.	916,905.	46.	
<b>b</b> <b>EQUIPMENT</b> .....	857,623.	758,457.	99,166.	
<b>c</b> <b>AFFILIATE ADMIN COST</b> .....	843,516.	1,123,029.	-279,513.	
<b>d</b> <b>RECRUITMENT</b> .....	231,277.	168,819.	62,458.	
<b>e</b> All other expenses .....	5,328,340.	1,976,291.	3,352,049.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	169,535,706.	144,863,179.	24,655,066.	17,461.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,816.	<b>1</b>	37,131.
	<b>2</b> Savings and temporary cash investments .....	26,696,081.	<b>2</b>	38,226,493.
	<b>3</b> Pledges and grants receivable, net .....	4,301,627.	<b>3</b>	6,030,926.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	156,370.	<b>7</b>	144,247.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,503,962.	<b>9</b>	1,693,466.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,766,927.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,647,418.		
	<b>11</b> Investments - publicly traded securities .....	906,801.	<b>10c</b>	2,119,509.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,793,549.	<b>11</b>	3,263,709.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	0.	<b>12</b>	156,370.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,464,117.	<b>14</b>	6,149,638.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	42,828,323.	<b>15</b>	57,821,489.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,430,847.	<b>16</b>	22,089,296.
	<b>18</b> Grants payable .....		<b>17</b>	
	<b>19</b> Deferred revenue .....	9,321,351.	<b>18</b>	12,809,934.
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,999,348.	<b>22</b>	14,983.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> 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 .....	2,038,974.	<b>24</b>	5,742,941.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	30,790,520.	<b>25</b>	40,657,154.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	12,037,803.	<b>26</b>	17,164,335.
	<b>28</b> Net assets with donor restrictions .....		<b>27</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> Total net assets or fund balances .....	12,037,803.	<b>31</b>	17,164,335.
<b>33</b> Total liabilities and net assets/fund balances .....	42,828,323.	<b>32</b>	57,821,489.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	174,259,770.
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,535,706.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,724,064.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,037,803.
5	Net unrealized gains (losses) on investments	5	291,990.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-129,263.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	239,741.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,164,335.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)





**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	115950384	119470020	120650222	125885510	167277502	649233638
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	115950384	119470020	120650222	125885510	167277502	649233638
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						649233638

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	115950384	119470020	120650222	125885510	167277502	649233638
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	138,530.	274,422.	201,364.	120,603.	51,047.	785,966.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	540.	13,298.	74,962.	83,676.	496,751.	669,227.
<b>11 Total support.</b> Add lines 7 through 10						650688831
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	20,727,848.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.78 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.81 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	▶ <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	▶ <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

2016 AMOUNT: \$ 540.

2017 AMOUNT: \$ 13,298.

2018 AMOUNT: \$ 74,962.

2019 AMOUNT: \$ 83,676.

2020 AMOUNT: \$ 496,751.

Horizontal lines for providing additional information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**PACT, INC.**

Employer identification number

**13-2702768**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization  <b>PACT, INC.</b>	Employer identification number  <b>13-2702768</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>128,106,479.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>14,322,353.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>4,409,427.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,820,759.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>PACT, INC.</b>	Employer identification number  <b>13-2702768</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>PACT, INC.</b>	Employer identification number  <b>13-2702768</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** PACT, INC. **Employer identification number** 13-2702768

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		767,257.	279,285.	487,972.
d Equipment		1,693,775.	1,173,088.	520,687.
e Other		4,305,895.	3,195,045.	1,110,850.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,119,509.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTY	6,149,638.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,149,638.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	5,116,000.
(3) DUE TO RELATED PARTY	626,941.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,742,941.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	185,982,682.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	291,990.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	11,446,922.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		11,738,912.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	174,243,770.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	16,000.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		16,000.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	174,259,770.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	185,308,729.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	15,789,023.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		15,789,023.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	169,519,706.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	16,000.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		16,000.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	169,535,706.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION RECEIVES CONSOLIDATED FINANCIAL STATEMENTS WHICH INCLUDES THE FOLLOWING INFORMATION:

PACT, INC. IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO THE ORGANIZATIONS' EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL

**Part XIII** Supplemental Information (continued)

UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PACT INSTITUTE REVENUE FROM OCTOBER 1 - APRIL 30	11,207,181.
WRITE-OFF OF PAYABLE	239,741.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	11,446,922.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PACT INSTITUTE EXPENSES FROM OCTOBER 1 - APRIL 30	15,789,023.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Employer identification number

PACT, INC.

13-2702768

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
CENTRAL AMERICA AND THE CARIBBEAN	1	16	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	582,467.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EXTRACTIVES PROGRAMS	2,610.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	945,025.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	NATURAL RESOURCE MANAGEMENT PROGRAMS	870.
EAST ASIA AND THE PACIFIC	19	76	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	3,651,232.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ENERGY PROGRAMS	1,953.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	1,335,371.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	3,805,130.
<b>3 a Subtotal</b> .....	20	92			10,324,658.
<b>b Total from continuation sheets to Part I</b> .....	45	1080			149,204,289.
<b>c Totals</b> (add lines 3a and 3b) .....	65	1172			159,528,947.

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

Schedule F (Form 990) 2020

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	2,099,326.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	1,938,430.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	NATURAL RESOURCE MANAGEMENT PROGRAMS	1,105,063.
RUSSIA AND NEIGHBORING STATES	3	49	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	1,690,868.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	8,806.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	1,527,217.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	96,712.
SOUTH AMERICA	2	45	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	1,306,451.
SOUTH AMERICA	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	167,816.
SOUTH AMERICA	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	604,470.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	49,044.
SOUTH AMERICA	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	536,150.
SUB-SAHARAN AFRICA	40	986	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	30,783,287.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	3,677,933.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EXTRACTIVES PROGRAMS	15,769.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	4,627,680.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	29,183,406.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	5,846,571.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	NATURAL RESOURCE MANAGEMENT PROGRAMS	1,398,843.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING	N/A	1,681,427.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING	N/A	8,545,002.
RUSSIA AND NEIGHBORING STATES	0	0	GRANT MAKING	N/A	1,943,254.
SOUTH AMERICA	0	0	GRANT MAKING	N/A	2,558,087.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING	N/A	47,812,677.
<b>Totals</b> .....	45	1080			149,204,289.

**Part II** **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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CAPACITY DEVELOPMENT PROGRAMS	672,571.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH PROGRAMS	1008856.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CAPACITY DEVELOPMENT PROGRAMS	2950502.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ENGAGING MARKETS PROGRAMS	738,162.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GOVERNANCE PROGRAMS	2239749.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTH PROGRAMS	1894681.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	LIVELIHOODS PROGRAMS	432,625.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	NATURAL RESOURCE MANAGEMENT PROGRAMS	289,283.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **23**

3 Enter total number of other organizations or entities ..... **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	CAPACITY DEVELOPMENT PROGRAMS	1050801.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	ENGAGING MARKETS PROGRAMS	11,596.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	GOVERNANCE PROGRAMS	854,116.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	HEALTH PROGRAMS	26,741.	WIRE TRANSFER	0.		
		SOUTH AMERICA	CAPACITY DEVELOPMENT PROGRAMS	1315280.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENGAGING MARKETS PROGRAMS	24,564.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GOVERNANCE PROGRAMS	1159907.	WIRE TRANSFER	0.		
		SOUTH AMERICA	HEALTH PROGRAMS	11,016.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LIVELIHOODS PROGRAMS	47,321.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CAPACITY DEVELOPMENT PROGRAMS	9245802.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENGAGING MARKETS PROGRAMS	2662394.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GOVERNANCE PROGRAMS	2031320.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTH PROGRAMS	26331233	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LIVELIHOODS PROGRAMS	7094335.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NATURAL RESOURCE MANAGEMENT PROGRAMS	447,593.	WIRE TRANSFER	0.		





**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 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**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.

**PART I, LINE 2:**

**I. PURPOSE: TO SYNTHESIZE THE COMPLIANCE REQUIREMENTS FOR SUBRECIPIENT MONITORING. PROPER MONITORING SHOULD MEASURE PROGRESS TOWARD TARGETED RESULTS AND ENSURE THAT RESOURCES ARE USED ONLY FOR THE INTENDED PURPOSE. THIS POLICY IS APPLICABLE TO ALL SUBRECIPIENTS, DOMESTIC OR FOREIGN, RECEIVING FUNDS FROM PACT.**

**II. POLICY: PACT, AS A PRIME RECIPIENT, IS RESPONSIBLE FOR MANAGING AND MONITORING SUBRECIPIENTS.**

**III. PROCEDURE: THERE IS NOT A SINGLE METHOD FOR MONITORING SUBRECIPIENTS OR ONE TEMPLATE BECAUSE PROJECTS VARY BY THEIR NATURE AND REQUIREMENTS. MONITORING PLANS MUST BE DEVELOPED SPECIFIC TO A GRANTS PROGRAM. A SOUND MONITORING PLAN SHOULD CAPTURE THE PROGRESS MADE TO ACCOMPLISH THE OBJECTIVES FOR WHICH THE AWARD WAS MADE.**

**HOWEVER, THERE ARE CERTAIN COMMON ELEMENTS THAT COMPRISE GOOD MONITORING PLANS. THESE ARE:**

**1. PERFORMANCE REPORTS - THE TERMS AND CONDITIONS OF THE AWARD TO THE SUBRECIPIENT WILL PRESCRIBE THE FREQUENCY WITH WHICH PERFORMANCE REPORTS SHALL BE SUBMITTED. THEY SHOULD GENERALLY CONTAIN: (A) A COMPARISON OF ACTUAL ACCOMPLISHMENTS WITH THE GOALS AND OBJECTIVES ESTABLISHED FOR THE PERIOD AND (B) REASONS WHY ESTABLISHED GOALS WERE NOT MET IF THEY WERE NOT MET. REPORTS SHOULD ALSO DESCRIBE PROBLEMS, DELAYS, OR ADVERSE CONDITIONS THAT MATERIALLY IMPAIR THE ABILITY TO MEET THE OBJECTIVES OF THE AWARD AND INCLUDE A STATEMENT OF THE ACTION TAKEN OR CONTEMPLATED AND**

**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.

ANY ASSISTANCE NEEDED TO RESOLVE THE SITUATION.

2. FINANCIAL REPORTS - THE TYPE AND FREQUENCY OF REPORTING REQUIRED WILL BE ESTABLISHED IN THE AWARD. NORMALLY, THE FREQUENCY OF FINANCIAL REPORTS IS BASED ON THE PROJECT NEEDS FOR EFFECTIVE MONITORING AND MANAGEMENT OF OUTCOMES AND SUBRECIPIENT RISK LEVEL.

3. SITE VISITS - TO REVIEW FINANCIAL AND PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS, PERIODIC SITE VISITS MAY BE CONDUCTED. NEW SUBRECIPIENTS AND THOSE OTHERWISE CONSIDERED HIGHER-RISK MAY REQUIRE CLOSER MONITORING.

IV. AUDIT OF SUBRECIPIENTS: NON-U.S. SUBRECIPIENTS ARE SUBJECT TO MONITORING BY PACT FOLLOWING APPLICABLE US GOVERNMENT AUDIT COMPLIANCE REQUIREMENTS, WHERE APPROPRIATE.

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **PACT, INC.** Employer identification number **13-2702768**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN BAR ASSOCIATION RULE OF LAW INITIATIVE - 1050 CONNECTICUT AVENUE, NW., SUITE 400 - WASHINGTON, DC 20036	36-0723150	501(C)(3)	2,398,503.	0.			GRANT FOR PEACE BUILDING AND JUDICIAL CAPACITY DEVELOPMENT
BAO SYSTEM LLC 2900 K ST NW, SUITE 507 WASHINGTON, DC 20007	83-2463666		157,964.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
BRAC-USA 110 WILLIAM STREET, 18TH FLOOR NEW YORK, NY 10038	20-8456741	501(C)(3)	31,855.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE, NW. - WASHINGTON, DC 20036	95-4191698	501(C)(3)	432,080.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
INTERNEWS NETWORK P.O.BOX 4448 ARCATA, CA 95518	94-3027961	501(C)(3)	277,585.	0.			GRANT FOR HUMAN RIGHTS PROTECTIONS PROJECT
JHPIEGO CORPORATION 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	5,410,842.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **21.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN HOPKINS UNIVERSITY 3910 KESWICK RD. NUM N4327-B BALTIMORE, MD 21211	47-5649093	501(C)(3)	23,783.	0.			GRANT FOR HEALTH/HIV PREVENTION PROJECT
LADYSMITH SPC 535 20TH AVE E., UNIT 101 SEATTLE, WA 98112	82-4196511	501(C)(3)	21,000.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
MAKING CENTS INTERNATIONAL 1350 CONNECTICUT AVE NW., SUITE 410 WASHINGTON, DC 20036	84-1672193	501(C)(3)	82,947.	0.			GRANT FOR HEALTH/HIV PREVENTION PROJECT
MERCY CORPS 45 SW ANKENY STREET PORTLAND, OR 97204	91-1148123	501(C)(3)	639,827.	0.			GRANT FOR PARTNERSHIP FOR LOCAL DEVELOPMENT PROJECT
NO MEANS NO WORLDWIDE 1765 GREENSBORO STATION PL #900 MCLEAN, VA 22102	46-4183160	501(C)(3)	3,539.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
PALLADIUM INTERNATIONAL LLC 1331 PENNSYLVANIA AVENUE NW. WASHINGTON, DC 20004	20-0137383	501(C)(3)	972,516.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
PHANDEEYAR FOUNDATION 24A TROLLEY SQUARE #2271 WILMINGTON, DE 19806	81-0752175	501(C)(3)	8,400.	0.			GRANT FOR PARTNERSHIP FOR LOCAL DEVELOPMENT PROJECT
PLAN INTERNATIONAL USA INC. 155 PLAN WAY NORTH SMITHFIELD, RI 02896	13-5661832	501(C)(3)	642,653.	0.			GRANT FOR COMMUNITY HIV PREVENTION PROJECT
POPULATION MEDIA CENTER, INC. (PMC) - 30 KIMBALL AVE, SUITE 302 - BURLINGTON, VT 05403	03-0358029	501(C)(3)	10,000.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCIENCE APPLICATIONS INTERNATIONALS CORPORATION - 12010 SUNSET HILLS ROAD RESTON - RESTON, VA 20190	46-1932921	501(C)(3)	25,000.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT
SAVE THE CHILDREN FEDERATION INC. 501 KING HIGHWAY EAST FAIRFIELD, CT 06825	06-0726487	501(C)(3)	893,906.	0.			GRANT FOR PARTNERSHIP FOR LOCAL DEVELOPMENT PROJECT
SOLIDARIDAD NORTH AMERICA 2120 UNIVERSITY AVENUE BERKELEY, CA 94704	46-1528546	501(C)(3)	37,809.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT
TECHNOSERVE INC. 1777 N KENT STREET, SUITE 1100 ARLINGTON, VA 22209	13-2626135	501(C)(3)	480,412.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT
UNIVERSITY OF RHODE ISLAND 79 UPPER COLLEGE ROAD KINGSTON, RI 02881	05-6014351	501(C)(3)	805,746.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT
WI-HER, LLC 8212 OLD COURTHOUSE ROAD VIENNA, VA 22182	26-3355555		132,538.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
WORLD VISION INC. 34834 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98063	95-3202116	501(C)(3)	420,589.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
WORLD RESOURCES INSTITUTE 10 G STREET NE., SUITE 800 WASHINGTON, DC 20002	52-1257057	501(C)(3)	1,541,880.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

I. PURPOSE: TO SYNTHESIZE THE COMPLIANCE REQUIREMENTS FOR SUBRECIPIENT MONITORING. PROPER MONITORING SHOULD MEASURE PROGRESS TOWARD TARGETED RESULTS AND ENSURE THAT RESOURCES ARE USED ONLY FOR THE INTENDED PURPOSE. THIS POLICY IS APPLICABLE TO ALL SUBRECIPIENTS, DOMESTIC OR FOREIGN, RECEIVING FUNDS FROM PACT.

II. POLICY: PACT, AS A PRIME RECIPIENT, IS RESPONSIBLE FOR MANAGING AND MONITORING SUBRECIPIENTS.

**Part IV** Supplemental Information

III. PROCEDURE: THERE IS NOT A SINGLE METHOD FOR MONITORING SUBRECIPIENTS OR ONE TEMPLATE BECAUSE PROJECTS VARY BY THEIR NATURE AND REQUIREMENTS. MONITORING PLANS MUST BE DEVELOPED SPECIFIC TO A GRANTS PROGRAM. A SOUND MONITORING PLAN SHOULD CAPTURE THE PROGRESS MADE TO ACCOMPLISH THE OBJECTIVES FOR WHICH THE AWARD WAS MADE.

HOWEVER, THERE ARE CERTAIN COMMON ELEMENTS THAT COMPRISE GOOD MONITORING PLANS. THESE ARE:

1. PERFORMANCE REPORTS - THE TERMS AND CONDITIONS OF THE AWARD TO THE SUBRECIPIENT WILL PRESCRIBE THE FREQUENCY WITH WHICH PERFORMANCE REPORTS SHALL BE SUBMITTED. THEY SHOULD GENERALLY CONTAIN: (A) A COMPARISON OF ACTUAL ACCOMPLISHMENTS WITH THE GOALS AND OBJECTIVES ESTABLISHED FOR THE PERIOD AND (B) REASONS WHY ESTABLISHED GOALS WERE NOT MET IF THEY WERE NOT MET. REPORTS SHOULD ALSO DESCRIBE PROBLEMS, DELAYS, OR ADVERSE CONDITIONS THAT MATERIALLY IMPAIR THE ABILITY TO MEET THE OBJECTIVES OF THE AWARD AND INCLUDE A STATEMENT OF THE ACTION TAKEN OR CONTEMPLATED AND ANY ASSISTANCE NEEDED TO RESOLVE THE SITUATION.

2. FINANCIAL REPORTS - THE TYPE AND FREQUENCY OF REPORTING REQUIRED WILL BE ESTABLISHED IN THE AWARD. THE FREQUENCY OF THE FINANCIAL REPORTS WILL BE DETERMINED BASED ON PROJECT NEEDS FOR EFFECTIVE MONITORING AND MANAGEMENT OF OUTCOMES AND SUBRECIPIENT RISK LEVEL. LOW RISK SUBRECIPIENTS MAY HAVE LESS FREQUENT FINANCIAL REPORTING BUT NOT LESS FREQUENTLY THAN ANNUALLY.

3. SITE VISITS - TO REVIEW FINANCIAL AND PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS, PERIODIC SITE VISITS MAY BE CONDUCTED DEPENDING ON THE



**Part IV** Supplemental Information

SUBRECIPIENT RISK LEVEL. NEW SUBRECIPIENTS AND THOSE OTHERWISE CONSIDERED HIGHER-RISK MAY REQUIRE CLOSER MONITORING.

IV. AUDIT OF SUBRECIPIENTS: U.S. NONPROFIT SUBRECIPIENTS EXPENDING \$750,000 OR MORE IN FEDERAL AWARDS DURING THEIR FISCAL YEAR ARE SUBJECT TO AUDIT REQUIREMENTS IN 2CFR 200.501.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**PACT, INC.**

Employer identification number

**13-2702768**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**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 1a? .....

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

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD HARRSION MD, SMART POWER MYANMAR	(i)	218,275.	0.	135,290.	21,981.	18,294.	393,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FAHMID KARIM BHUIYA, MD COO, PGMF	(i)	246,708.	0.	63,970.	25,652.	18,928.	355,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROLINE ANSTEY PRES & CEO (BEG 03/2020)	(i)	332,500.	0.	2,857.	0.	1,100.	336,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KURT A. MACLEOD REGIONAL VP	(i)	243,890.	0.	1,290.	31,758.	17,509.	294,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRIAN VO VP, SOCIAL INVEST. & ALT FIN.	(i)	245,123.	0.	270.	22,596.	21,593.	289,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIA BARTON GC & CHIEF COMPLIANCE OFF.	(i)	275,992.	0.	1,980.	0.	9,931.	287,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARY CHRISTINE OWEN COUNTRY DIRECTOR/COP, THAILAND	(i)	179,527.	0.	61,084.	20,492.	20,145.	281,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SAMANTHA BARBEE CHIEF FINANCIAL OFFICER	(i)	257,568.	0.	690.	9,583.	8,726.	276,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANTON N. PESTANA GLOBAL COUNTRY DIRECTOR	(i)	158,092.	0.	72,822.	11,768.	19,634.	262,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SABINE JOUKES COUNTRY DIRECTOR, CAMBODIA	(i)	154,569.	0.	67,312.	15,724.	17,237.	254,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RANAHAH AFRIYE REGIONAL DIRECTOR, AFRICA	(i)	155,501.	0.	65,266.	17,194.	12,763.	250,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LARRY ROBERT KREMER SENIOR DIRECTOR, ENERGY SERVICES	(i)	202,893.	0.	17,229.	10,583.	15,220.	245,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JASON MEIKLE DEPUTY DIRECTOR, PGMF	(i)	147,853.	0.	57,151.	15,260.	19,272.	239,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) KATE MUSIMWA SR.REGIONAL DIRECTOR AFRICA	(i)	189,797.	0.	719.	24,795.	21,386.	236,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARILYN G. SANGIWA VP, GLOBAL HEALTH	(i)	201,150.	0.	1,980.	22,282.	8,674.	234,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) LESLIE F. MITCHELL COUNTRY DIRECTOR-KENYA	(i)	163,598.	0.	45,497.	14,751.	8,248.	232,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) EUGENE JAMES GRALL REGIONAL DIRECTOR, AE	(i)	163,613.	0.	40,675.	10,209.	14,577.	229,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JENNIFER A. MULIK PROJECT DIRECTOR - ACHIEVE	(i)	189,568.	0.	690.	24,687.	8,579.	223,524.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MARK VISO PRES & CEO (THRU 07/2019)	(i)	0.	0.	222,820.	0.	0.	222,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) NICOLE MILLER COUNTRY DIRECTOR-SWAZILAND	(i)	159,308.	0.	18,494.	18,065.	19,747.	215,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) CHRISTOPHER T. WYROD CHIEF OF PARTY - REGIONAL	(i)	150,224.	0.	36,538.	2,693.	16,274.	205,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) BARRY FLAMING SENIOR AFOLU ADVISOR - REGIONAL	(i)	128,738.	0.	38,774.	15,213.	14,050.	196,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) BREGEITA JEFFERSON VP - BUSINESS OPERATIONS	(i)	156,054.	0.	518.	15,538.	15,016.	187,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) MATTHEW S CULLINEN SENIOR DIRECTOR, RENEWABLE ENERGY	(i)	161,329.	0.	270.	14,228.	8,621.	184,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) MAMUNUR RASHID FINANCE DIRECTOR - PACT PGMF	(i)	121,994.	0.	32,751.	12,553.	12,187.	179,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) NATASHA SAKOLSKY EXECUTIVE DIRECTOR PACT INSTITUTE	(i)	118,466.	0.	374.	15,401.	20,860.	155,101.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) MICHELLE JONES CHIEF HUMAN CAP OFF	(i)	133,727.	0.	225.	9,089.	11,647.	154,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 1:**

PACT MAY PROVIDE A HOUSING ALLOWANCE TO ENSURE EXPATRIATE STAFF HAVE ACCESS TO MODEST HOUSING IN A SAFE ENVIRONMENT. THIS ALLOWANCE INCLUDES UTILITIES SUCH AS HEAT, ELECTRICITY, FUEL/GAS, AND WATER; MANDATORY TAXES, INSURANCE, AND FEES; AND OTHER ALLOWABLE AND APPROVED EXPENSES SUCH AS GENERATORS AND AIR CONDITIONERS. PACT USES THE U.S. DEPARTMENT OF STATE STANDARD REGULATIONS TO DETERMINE REASONABLENESS FOR PURPOSES OF DETERMINING A BASELINE HOUSING ALLOWANCE FOR EACH COUNTRY IN WHICH QUALIFIED STAFF IS WORKING.

**PART I, LINE 4A:**

**SEVERANCE PAYMENTS:**

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR AS NOTED BELOW:

MARK VISO \$222,820

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

PACT, INC.

Employer identification number

13-2702768

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

PACT ENABLES SYSTEMIC SOLUTIONS THAT ALLOW THOSE WHO ARE POOR AND  
MARGINALIZED TO EARN A DIGNIFIED LIVING, BE HEALTHY, AND TAKE PART IN  
THE BENEFITS THAT NATURE PROVIDES. PACT ACCOMPLISHES THIS BY  
STRENGTHENING LOCAL CAPACITY, FORGING EFFECTIVE GOVERNANCE SYSTEMS, AND  
TRANSFORMING MARKETS INTO A FORCE FOR DEVELOPMENT.

FORM 990, PART I, LINE 5:

THE FIGURE NOTED IN LINE 5 REPRESENTS ONLY EMPLOYEES OF PACT WHO ARE US  
CITIZENS. PACT HAS MANY OTHER EMPLOYEES, INCLUDING THIRD COUNTRY  
NATIONALS AND LOCAL NATIONALS, WORKING IN OUR OFFICES AROUND THE WORLD,  
WHO ARE NOT SUBJECT TO US WAGE AND TAX REPORTING REQUIREMENTS. DURING  
FY20, PACT, INC. DAD 1,222 TOTAL EMPLOYEES GLOBALLY.

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

PACT ACCOMPLISHES THIS BY STRENGTHENING LOCAL CAPACITY, FORGING  
EFFECTIVE GOVERNANCE SYSTEMS, AND TRANSFORMING MARKETS INTO A FORCE FOR  
DEVELOPMENT.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

JULY 14, 2020 A RESOLUTION WAS PASSED BY THE BOARD OF DIRECTORS TO  
DISSOLVE PACT INSTITUTE AS A SUPPORTING ORGANIZATION TO PACT, INC. ALL  
PROGRAM SERVICES WERE TRANSFERRED TO PACT, INC. PACT INSTITUTE'S  
DISSOLUTION WAS FINALIZED JUNE 9, 2021.

Name of the organization PACT, INC.	Employer identification number 13-2702768
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## FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LIFESPAN IT CONTINUED TO EXCEED ITS TARGETS. IN FY21 ALONE THE PROGRAM PROVIDED OVC PROGRAM SERVICES IN 85 COUNCILS ACROSS 24 REGIONS IN MAINLAND TANZANIA AND 1 REGION IN UNGUJA-ZANZIBAR THROUGH 43 CSOS AND 3 CONSORTIUM PARTNERS. OVER THE LIFE OF THE PROJECT FROM 2016-2021 KIZAZI KIPYA INCREASED THE HEALTH AND WELL-BEING OF 1,234,426 TANZANIAN ORPHANS AND VULNERABLE CHILDREN (OVC) AND YOUNG PEOPLE AFFECTED BY HIV, AND 469,624 CAREGIVERS.

## FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IDENTIFIED 5,102 HIV POSITIVE PEOPLE LINKING THEM TO TREATMENT, AND SUCCESSFULLY GRADUATED 210,683 ADOLESCENT GIRLS AND YOUNG WOMEN FROM THE DREAMS PROGRAM.

## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

TO ADDRESS THE URGENT NEEDS OF THE REGION'S MOST VULNERABLE PEOPLE, ACE HAS DIRECTED FOOD AND SUPPLIES TO MORE THAN 30,000 DISPLACED PERSONS.

## FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BELARUS, CAMBODIA, COLOMBIA, CONGO (BRAZZAVILLE), DOMINICAN REPUBLIC, ETHIOPIA, INDONESIA, KENYA, LIBERIA, LESOTHO, MADAGASCAR, MALAWI, BURMA, NEPAL, NIGERIA, SOUTH AFRICA, SWAZILAND, TANZANIA, THAILAND, UKRAINE, ZAMBIA, ZIMBABWE, BURUNDI, RWANDA, UNITED KINGDOM, NAMIBIA, SOMALIA

## FORM 990, PART VI, SECTION A, LINE 4:

Name of the organization PACT, INC.	Employer identification number 13-2702768
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THE FOLLOWING CHANGES WERE MADE TO THE PACT BY-LAWS IN FY21 (NOVEMBER 2020):

-THREE 3-YEAR TERMS FOR THE BOARD WERE CLARIFIED. A BOARD MEMBER WHO SERVES AT LEAST 18 MONTHS OF A PARTIAL TERM WILL BE DEEMED TO HAVE SERVED THAT THREE-YEAR TERM FOR PURPOSES OF TERM LIMITS.

-THE ROLE OF THE CEO AS AN EX-OFFICIO, NONVOTING MEMBER OF THE BOARD WAS CLARIFIED.

EXECUTIVE SESSIONS OF THE BOARD WERE DEFINED TO ONLY INCLUDE DIRECTORS. ANY OTHER PARTICIPATION WOULD BE AT INVITATION ONLY.

-CLARIFIED THE TERM OF THE CHAIR TO BE ONE-YEAR TERMS THAT ARE RENEWABLE FOR A MAXIMUM OF FIVE (5) YEARS. SPECIFIED THAT SERVICE AS BOARD CHAIR DOES NOT COUNT TOWARD TOTAL BOARD SERVICE AS AN AT-LARGE BOARD MEMBER.

-CLARIFIED THAT THE BOARD IS TO APPOINT, OVERSEE AND REMOVE THE CEO AND BOARD OFFICERS (SECRETARY AND TREASURER, IN THEIR BOARD CAPACITY), AND THE CEO IS TO APPOINT, OVERSEE AND TERMINATE ALL FUNCTIONAL OFFICERS, VICE-PRESIDENTS, EMPLOYEES, AND AGENTS.

-CLARIFIED THAT THE BOARD HAS THE FLEXIBILITY TO APPOINT, IN THEIR BEST JUDGMENT, A REPLACEMENT FOR THE NON-ACTING CEO

-DELETED REFERENCES TO CORPORATE SEALS BECAUSE THEY HAVE BECOME OUTDATED AND NOT USED

-DELETED THE RECORD RETENTION PROVISION TO ALLOW THE ORGANIZATION TO RELY ON THE PACT MANAGEMENT RECORD RETENTION POLICY.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS

ONCE PACT'S FORM 990 IS COMPLETED BY ITS TAX PREPARER, IT IS REVIEWED IN DETAIL BY THE CONTROLLER. ONCE THE CONTROLLER IS SATISFIED THAT THE RETURN



Name of the organization PACT, INC.	Employer identification number 13-2702768
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IS COMPLETE AND ACCURATE, IT IS REVIEWED BY PACT'S CFO. PACT'S IRS FORM 990 IS SHARED WITH THE FINANCE AND AUDIT COMMITTEE IN DRAFT FORM AND IS ALSO PROVIDED TO ITS BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES, OFFICER AND DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON JOINING PACT. OFFICERS AND DIRECTORS ARE REQUIRED TO SUBMIT UPDATED CONFLICT OF INTEREST FORMS ON AN ANNUAL BASIS. IT IS THE DUTY OF PACT DIRECTORS, OFFICERS, AND EMPLOYEES TO UPDATE AND RAISE ANY POTENTIAL CONFLICTS OF INTEREST DURING THEIR TENURE AT PACT. PACT DIRECTORS AND SENIOR MANAGEMENT MUST RAISE POTENTIAL CONFLICTS AND SUBMIT THEIR PACT CONFLICT OF INTEREST DISCLOSURE FORM TO THE PACT GENERAL COUNSEL AND/OR BOARD SECRETARY, WHO THEN REVIEW TO DETERMINE IF A CONFLICT EXISTS. ALL OTHER EMPLOYEES RAISE POTENTIAL CONFLICTS WITH THE ETHICS AND COMPLIANCE OFFICE, WHO IN TURN DECIDES HOW TO ADDRESS ANY POTENTIAL CONFLICT. ANY PERSON WITH A CONFLICT WILL RECUSE HIM/HERSELF FROM DISCUSSION AND DECISION ON THE PERTINENT MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING CEO AND OTHER OFFICER AND KEY EMPLOYEE COMPENSATION:

PACT'S BYLAWS STATE THAT THE "SALARY OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE TERMS OF HIS OR HER EMPLOYMENT SHALL BE FIXED BY THE BOARD OF DIRECTORS. THE SALARIES OF ALL OTHER STAFF AND THE TERMS OF THEIR EMPLOYMENT SHALL BE FIXED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER."

CEO: THE EXECUTIVE COMMITTEE OF THE BOARD SETS THE CEO'S SALARY, TYPICALLY INFORMED BY INFORMATION PROVIDED BY THE SEARCH FIRM AT THE TIME OF HIRE.

Name of the organization PACT, INC.	Employer identification number 13-2702768
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THE GOVERNANCE COMMITTEE CONDUCTS AN ANNUAL EVALUATION OF THE CEO AND AWARDS INCREASES AS DEEMED APPROPRIATE AND APPROVED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE AND THE GOVERNANCE COMMITTEE ARE COMPRISED OF INDEPENDENT PERSONS AND MAINTAIN CONTEMPORANEOUS WRITTEN DOCUMENTATION OF ALL DECISIONS MADE.

OTHER OFFICERS OR KEY EMPLOYEES: THE CEO IS RESPONSIBLE FOR THE COMPENSATION OF OTHER EMPLOYEES BUT IS DIRECTLY INVOLVED ONLY IN THE HIRING AND SALARY NEGOTIATIONS OF C-LEVEL POSITIONS. IN THESE CASES, WHERE PACT IS UTILIZING A SEARCH FIRM, THE FIRM PROVIDES MARKET INFORMATION TO ASSIST IN THE DETERMINATION OF APPROPRIATE COMPENSATION LEVELS. FOR KEY EMPLOYEES BEYOND THE C-SUITE, PACT'S CHIEF HUMAN CAPITAL OFFICER IS RESPONSIBLE FOR SALARY DETERMINATIONS. PACT USES A SERIES OF ANNUAL SALARY SURVEYS OF PEER ORGANIZATIONS, CONDUCTED BY AN INDUSTRY TRADE ASSOCIATION, TO INFORM SALARY LEVELS.

ALL PACT EMPLOYEES ARE EVALUATED ON AN ANNUAL BASIS, AND INCREASES ARE DETERMINED AND AWARDED FROM AN APPROVED POOL, ADMINISTERED BY PACT'S CHIEF HUMAN CAPITAL OFFICER.

FORM 990, PART VI, SECTION C, LINE 19:

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

PACT'S IRS DETERMINATION LETTER IS AVAILABLE UPON REQUEST. PACT'S ANNUAL REPORTS, AUDITED FINANCIAL STATEMENTS AND 990S ARE AVAILABLE UPON REQUEST, AS WELL AS ON ITS WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE-OFF OF PAYABLE

239,741.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**PACT, INC.**

Employer identification number

**13-2702768**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PACT VENTURES 1140 3RD STREET NE WASHINGTON, DC 20002	TO SUPPORT PACT INC.	DISTRICT OF COLUMBIA	0.	0.	PACT, INC.
PACT MICROFINANCE HOLDING COMPANY 1140 3RD STREET NE WASHINGTON, DC 20002	TO OPERATE MICROFINANCE PROGRAMS	SINGAPORE	0.	1.	PACT, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PACT INSTITUTE (THRU 6/2021) - 52-2131854 1140 3RD STREET NE WASHINGTON, DC 20002	RESEARCH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	PACT, INC.	X	
PACT GLOBAL MICROFINANCE FUND - 45-5008824 1140 3RD STREET NE WASHINGTON, DC 20002	TO OPERATE MICROFINANCE PROGRAMS	DELAWARE	501(C)(3)	LINE 12A, I	PACT, INC.	X	
PACT GLOBAL (UK) CIO MERLIN PLACE, MILTON ROAD CAMBRIDGE, UNITED KINGDOM CB4 0DP	UK NGO	UNITED KINGDOM			PACT, INC.	X	
PACT GLOBAL (THRU 12/2020) - 82-4838175 1140 3RD ST., NE, SUITE 400 WASHINGTON, DC 20002	BUILD EMPOWERED COMMUNITITES, EFFECTIVE GOV'S & RESPONSIBLE MKTS	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	PACT, INC.	X	

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PACT GLOBAL MICROFINANCE FUND	L	6,279,731.	CASH
(2) PACT UK	L	119,979.	CASH
(3) PACT GLOBAL MICROFINANCE FUND	Q	578,992.	CASH
(4) PACT INSTITUTE	Q	1,212,379.	CASH
(5) PACT UK	Q	576,011.	CASH
(6)			



