



PACT, INC.
1140 3rd Street NE No. 400
WASHINGTON, DC 20002

PACT, INC.:

Enclosed are the original and one copy of the 2019 Exempt Organization return, as follows...

2019 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Mary Torretta

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

September 30, 2020

Prepared For:

PACT, INC.
1140 3rd Street NE No. 400
WASHINGTON, DC 20002

Prepared By:

GRANT THORNTON LLP
1000 Wilson Boulevard, Suite 1400
Arlington, VA 22209

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning OCT 1, 2019, and ending SEP 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

PACT, INC.

13-2702768

Name and title of officer

SAMANTHA BARBEE
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>133,146,280.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN 11111
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Samantha E Barbee Date ▶ June 30, 2021
Digitally signed by Samantha E Barbee
DN: cn=Samantha E Barbee, o=PACT, ou=CFO,
email=sbarbee@pactworld.org, c=US
Date: 2021.06.30 16:03:53 -0400

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54681436605

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ GRANT THORNTON LLP Date ▶ June 30, 2021

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

13110630 153424 0179313-00001

2019.06000 PACT, INC.

01793131

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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. PACT, INC.	Taxpayer identification number (TIN) 13-2702768
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. 1140 3RD STREET NE, NO. 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002	

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 16, 2021**, 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, 2019**, and ending **SEP 30, 2020**.

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

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

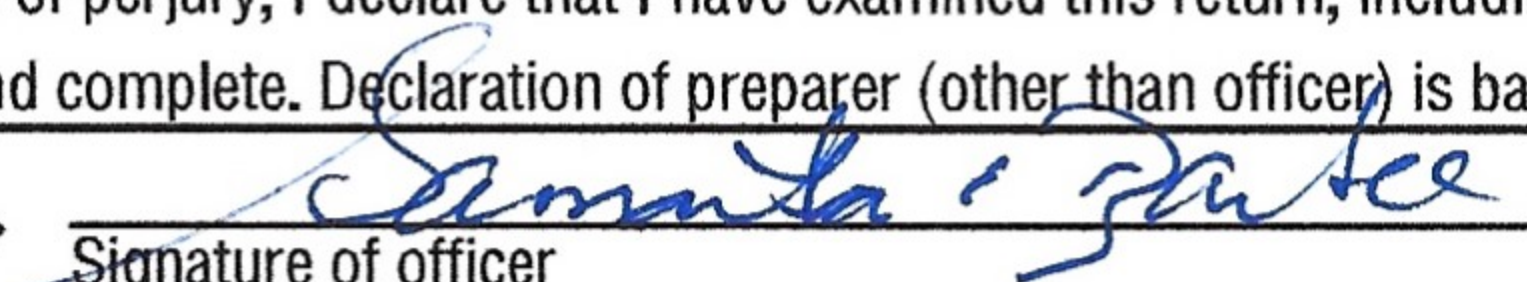
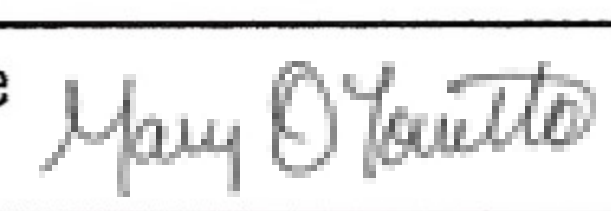
OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input checked="" 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	C Name of organization PACT, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1140 3RD STREET NE 400 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20002 F Name and address of principal officer: CAROLINE ANSTEY SAME AS C ABOVE	D Employer identification number 13-2702768 E Telephone number (202) 466-5666 G Gross receipts \$ 139,662,003. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.PACTWORLD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1971 M State of legal domicile: DC

Part I Summary				
	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	241
	6	Total number of volunteers (estimate if necessary)	6	22
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	120,650,222.	125,885,510.
	9	Program service revenue (Part VIII, line 2g)	9,626.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	288,563.	-1,105,330.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,738,600.	8,366,100.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,687,011.	133,146,280.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,189,846.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	45,154,679.	44,644,596.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,817.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,583,242.	24,311,131.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	122,927,767.	128,489,205.
	19	Revenue less expenses. Subtract line 18 from line 12	759,244.	4,657,075.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	30,717,412.	42,828,323.
	21	Total liabilities (Part X, line 26)	23,449,905.	30,790,520.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,267,507.	12,037,803.

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.				
Sign Here	▶ 	▶ June 20, 2021		
	Signature of officer	Date		
	▶ SAMANTHA BARBEE, CFO			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MARY TORRETTA	Preparer's signature 	Date 6/30/2021	Check if self-employed <input type="checkbox"/> PTIN P00847851
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
	Firm's address ▶ 1000 WILSON BOULEVARD, SUITE 1400 ARLINGTON, VA 22209			Phone no. (703) 847-7500

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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 SERVES COMMUNITIES CHALLENGED BY POVERTY AND MARGINALIZATION BECAUSE WE ENVISION A WORLD WHERE EVERYONE OWNS THEIR FUTURE. TO DO THIS, WE BUILD SYSTEMIC SOLUTIONS IN PARTNERSHIP WITH LOCAL ORGANIZATIONS, BUSINESSES AND GOVERNMENTS (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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] 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 \$ 36,558,039. including grants of \$ 36,558,039.) (Revenue \$) KIPYA KIZAZI: CARING FOR CHILDREN AND EMPOWERING YOUNG PEOPLE (P3756)

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 ITS 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. THE PROJECT HAS CONTINUED TO EXCEED ITS TARGETS. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 13,038,391. including grants of \$ 13,038,391.) (Revenue \$) Z-CHPP

PACT IMPLEMENTS USAID'S FLAGSHIP ZAMBIA COMMUNITY HIV PREVENTION PROJECT IN 14 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 FY20, THE PROJECT REACHED 472,301 PEOPLE WITH HIV INTERVENTIONS INCLUDING HIGH-IMPACT HIV SERVICES. THE PROJECT DISTRIBUTED 6,082,418 CONDOMS TO TARGET PRIORITY POPULATIONS, IDENTIFIED (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 8,927,540. including grants of \$ 8,927,540.) (Revenue \$) ADVANCING COMMUNITY EMPOWERMENT IN SOUTHEASTERN MYANMAR (ACESM)

PACT, IN PARTNERSHIP WITH LOCAL AND INTERNATIONAL PARTNERS, IMPLEMENTS USAID'S FLAGSHIP MYANMAR INTEGRATED LOCAL GOVERNANCE PROJECT IN 3,113 VILLAGES IN THE COUNTRY'S SOUTHEAST REGION. CHARACTERIZED BY HISTORICALLY LOW ACCESS TO GOVERNMENT SERVICES, HIGH VULNERABILITY TO SHOCKS, AND LOW TRUST IN GOVERNMENT, COMMUNITIES IN THE REGION ARE BENEFITTING FROM THE PROJECT'S SUPPORT TO BUILD INCLUSIVE VILLAGE INSTITUTIONS LED BY ELECTED LEADERS AND DEVELOPMENT OF THE CAPACITY OF LOCAL AND ETHNIC SERVICE PROVIDERS. THE PROJECT'S INTEGRATED APPROACH HAS ENHANCED THE CAPACITY OF 1,327 COMMUNITY BASED ORGANIZATIONS TO RESPOND TO THE NEEDS OF THEIR COMMUNITIES, (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 51,509,011. including grants of \$ 1,009,508.) (Revenue \$)

4e Total program service expenses 110,032,981.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational status.

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 (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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) MARK VISO PRESIDENT & CEO (THRU 07/19)	40.00 0.00						X	428,514.	0.	53,282.
(2) RICHARD HARRISON CEO OF SMART POWER MYANMAR	40.00 0.00				X			346,668.	0.	40,031.
(3) FAHMID BHUIYA COO, PGMF	2.00 40.00				X			320,606.	0.	44,361.
(4) LESLIE MITCHELL COUNTRY DIRECTOR KENYA	40.00 0.00				X			310,370.	0.	35,139.
(5) KURT MCLEOD REGIONAL VP	40.00 0.00				X			276,502.	0.	49,101.
(6) JASON MEIKLE DEPUTY DIRECTOR -PGMF	2.00 40.00				X			262,433.	0.	36,177.
(7) RANAHAH AFRIYE CHIEF OF PARTY SOUTH AFRICA	40.00 0.00				X			265,922.	0.	25,830.
(8) BRIAN VO VP, SOCIAL INVEST.& ALTERNATIVE FIN.	40.00 0.00				X			235,491.	0.	47,968.
(9) ANTON N PESTANA GLOBAL COUNTRY DIRECTOR	40.00 0.00				X			254,216.	0.	24,235.
(10) NATASHA SAKOLSKY PRESIDENT PACT INSTITUTE	2.00 40.00				X			223,986.	0.	50,902.
(11) MARY CHRISTINE OWEN CHIEF OF PARTY-THAILAND	40.00 0.00				X			227,993.	0.	42,552.
(12) BREGEITA JEFFERSON VP - BUSINESS OPERATIONS	40.00 0.00				X			199,460.	0.	43,840.
(13) MARILYN G SANGIWA VP INTEGRATED PROGRAM ADVANCEMENT	40.00 0.00				X			195,203.	0.	31,032.
(14) MARK REILLEY DIRECTOR IT	40.00 0.00				X			191,355.	0.	33,740.
(15) MICHELLE JONES CHIEF HUMAN CAP OFF (THRU 06/20)	40.00 0.00			X				200,860.	0.	23,940.
(16) NICOLE MILLER COUNTRY DIRECTOR-SWAZILAND	40.00 0.00				X			181,856.	0.	39,274.
(17) KATE MUSIMWA SR.REGIONAL DIRECTOR, AFRICA	40.00 0.00				X			170,885.	0.	47,523.

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) TIMOTHY STAFFA VP PLANNING, & QUALITY AND NEW INIT.	40.00 0.00				X			165,867.	0.	43,927.
(19) STEPHANIE POSNER DIRECTOR TRANSFORMATION LAB	40.00 0.00				X			159,442.	0.	43,602.
(20) SVETLANA DIMOVSKI VP TRANSFORMATION LAB	40.00 0.00				X			169,736.	0.	30,787.
(21) EUGENE JAMES GRALL REGIONAL DIRECTOR, AEA	40.00 0.00				X			179,268.	0.	16,321.
(22) AARON LEONARD DEPUTY DIRECTOR, GOVERNANCE	40.00 0.00				X			166,419.	0.	24,968.
(23) GREGORIA LYSSIKATOS SR. DIRECTOR OPP. DEVELOPMENT	40.00 0.00				X			148,870.	0.	39,843.
(27) MAMUNUR RASHID FINANCE DIRECTOR, PGMF	2.00 40.00				X			155,976.	0.	24,617.
(28) MATTHEW S CULLINEN SENIOR DIRECTOR, RENEWABLE ENERGY	40.00 0.00				X			157,215.	0.	20,241.
(30) LARRY ROBERT KREMER SENIOR DIRECTOR, ENERGY SERVICES	40.00 0.00				X			156,777.	0.	5,627.
1b Subtotal								5,751,890.	0.	918,860.
c Total from continuation sheets to Part VII, Section A								235,694.	0.	5,366.
d Total (add lines 1b and 1c)								5,987,584.	0.	924,226.

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 28

	Yes	No
3 Did the organization list any former 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
BDO USA, LLP, 8401 GREENSBORRO DRIVE SUITE 800, MCLEAN, VA 22102	PROFESSIONAL ADVISORY SERVICES	506,158.
STEPTOE & JOHNSON LLP, 1330 CONNECTICUT AVE, NW, WASHINGTON, DC 20036	PROFESSIONAL LEGAL SERVICES	482,402.
RSM US LLP, 331 W. 3RD STREET SUITE 200, DAVENPORT, IA 52801	PROFESSIONAL CONSULTING SERVICES	206,122.
ENGAGING INQUIRY, LLC 5423 LONG BOAT COURT, FAIRFAX, VA 22032	STRATEGY ALIGNMENT & SYSTEM PRACTICE SUP	162,000.
POTOMAC LAW GROUP, PLLC, 1300 PENNSYLVANIA AVENUE, NW, SUITE 700, WASHINGTON, DC 2000	PROFESSIONAL LEGAL SERVICES	159,760.

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 9

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(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			
(31) SAMANTHA BARBEE CFO	40.00 0.00			X				115,688.	0.	5,312.
(32) CARLOS A CARRAZANA INTERIM PRESIDENT & CEO(BEG 10/2019)	40.00 0.00			X				114,223.	0.	0.
(33) MARIA BARTON GEN COUNSEL/CHIEF ETHICS/COMPL OFF (40.00 0.00			X				5,783.	0.	54.
(35) MARK FITZGERALD BOARD CHAIR	5.00 1.00	X		X				0.	0.	0.
(36) NANCY MURPHY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(37) MICHAEL DAHL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(38) SAMANTHA CAREY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(39) PAMELA ROUSSOS BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(40) JEREMY NGUNZE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(41) DAVID WILSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(42) STEVE OLESKEY BOARD MEMBER	1.00 5.00	X						0.	0.	0.
(43) OKSANA RUDA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(44) FRANK SIMS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(45) ANDREW KASHANGAKI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(46) MARK MINELLI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(47) MUSA MWENYE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(48) JOHN KOHLER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(49) JOHN GRIMES BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(50) JAMES BERNARD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(51) NATHALIE GABALA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(52) ELLEN VARNEY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(53) LISA THOMAS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(53) HEIDI KUJAWA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(55) XIA LIU BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(56) BERNARD LIESE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								235,694.		5,366.

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	125,874,855.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,655.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		125,885,510.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		120,603.		120,603.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					5,289,790.		
	b	Less: cost or other basis and sales expenses	7b	6,515,723.			
	c	Gain or (loss)	7c	-1,225,933.			
d	Net gain or (loss)		-1,225,933.		-1,225,933.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	AFFILIATE ADMIN FEES	900099	8,255,676.	8,255,676.		
	b	OTHER REVENUE	900099	110,424.		110,424.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		8,366,100.			
12	Total revenue. See instructions		133,146,280.	8,255,676.	0.	-994,906.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	8,915,289.	8,915,289.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	50,618,189.	50,618,189.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,555,104.	5,016,546.	2,538,558.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,075,171.	18,780,923.	7,290,455.	3,793.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,026,247.	1,855,837.	1,170,410.	
9 Other employee benefits	5,653,209.	4,751,548.	900,534.	1,127.
10 Payroll taxes	2,334,865.	1,463,079.	871,786.	
11 Fees for services (nonemployees):				
a Management				
b Legal	363,003.	191,519.	171,484.	
c Accounting	492,973.	153,522.	339,451.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	235,730.		235,730.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,536,881.	2,597,429.	931,030.	8,422.
12 Advertising and promotion				
13 Office expenses	2,852,116.	2,254,386.	583,255.	14,475.
14 Information technology	1,493,147.	261,227.	1,231,920.	
15 Royalties				
16 Occupancy	4,695,819.	2,137,498.	2,558,321.	
17 Travel	2,666,784.	2,226,825.	439,959.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	8,434,854.	8,321,551.	113,303.	
20 Interest	216,669.	139.	216,530.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	275,916.	1,480.	274,436.	
23 Insurance	286,760.	36,456.	250,304.	
24 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.)				
a VEHICLE EXPENSE	450,804.	449,538.	1,266.	
b AFFILATE ADMIN COST	-1,690,325.		-1,690,325.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	128,489,205.	110,032,981.	18,428,407.	27,817.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	19,096.	1	5,816.
	2 Savings and temporary cash investments	14,256,192.	2	26,696,081.
	3 Pledges and grants receivable, net	6,781,484.	3	4,301,627.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	371,975.	7	156,370.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,417,220.	9	1,503,962.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,853,303.		
	b Less: accumulated depreciation	10b 4,946,502.		
	11 Investments - publicly traded securities	1,053,857.	10c	906,801.
	12 Investments - other securities. See Part IV, line 11	5,391,343.	11	2,793,549.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,426,245.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,717,412.	15	6,464,117.	
		16	42,828,323.	
Liabilities	17 Accounts payable and accrued expenses	12,482,737.	17	16,430,847.
	18 Grants payable		18	
	19 Deferred revenue	3,212,794.	19	9,321,351.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,299,348.	23	2,999,348.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,455,026.	25	2,038,974.
	26 Total liabilities. Add lines 17 through 25	23,449,905.	26	30,790,520.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,267,507.	27	12,037,803.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,267,507.	32	12,037,803.
	33 Total liabilities and net assets/fund balances	30,717,412.	33	42,828,323.

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	133,146,280.
2	Total expenses (must equal Part IX, column (A), line 25)	2	128,489,205.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,657,075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,267,507.
5	Net unrealized gains (losses) on investments	5	113,221.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,037,803.

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 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100712571	115950384	119470020	120650222	125885510	582668707
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	100712571	115950384	119470020	120650222	125885510	582668707
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						582668707

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	100712571	115950384	119470020	120650222	125885510	582668707
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	182,529.	138,530.	274,422.	201,364.	120,603.	917,448.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,848.	540.	13,298.	74,962.	83,676.	179,324.
11 Total support. Add lines 7 through 10						583765479
12 Gross receipts from related activities, etc. (see instructions)					12	15,415,781.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.81 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.82 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
2 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>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 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>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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>		
b Did the activities described in (a) 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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>Provide details in Part VI.</i>		
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>		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
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).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2015 AMOUNT: \$ 6,848.

2016 AMOUNT: \$ 540.

2017 AMOUNT: \$ 13,298.

2018 AMOUNT: \$ 74,962.

2019 AMOUNT: \$ 83,676.

Multiple 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 for the latest information.

OMB No. 1545-0047

2019

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, 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 PACT, INC.	Employer identification number 13-2702768
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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>107,450,380.</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>9,550,519.</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>3,992,375.</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>1,644,842.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,140,478.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>763,786.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
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 for instructions and the latest information.**

OMB No. 1545-0047

2019
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) 2019

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				0.
c Leasehold improvements		1,936,640.	1,031,589.	905,051.
d Equipment				0.
e Other		3,916,663.	3,914,913.	1,750.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				906,801.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTY	6,464,117.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,464,117.

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	2,038,974.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,038,974.

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.

1	Total revenue, gains, and other support per audited financial statements	1	133,244,658.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	113,178.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	113,178.
3	Subtract line 2e from line 1	3	133,131,480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,800.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,800.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	133,146,280.

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.

1	Total expenses and losses per audited financial statements	1	128,474,405.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	128,474,405.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,800.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,800.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	128,489,205.

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:

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

Part XIII Supplemental Information (continued)

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

PACT, INC., PGMF, PACT GLOBAL, AND THE INSTITUTE ARE 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. PACT UK IS REGISTERED AS A CHARITY IN THE UK. 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 UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**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 for instructions and the latest information.

OMB No. 1545-0047

2019

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	14	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	533,704.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	800,555.
EAST ASIA AND THE PACIFIC	20	393	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	3,707,653.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	2,408,029.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	3,468,261.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	858,255.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	NATURAL RESOURCE MANAGEMENT PROGRAMS	1,073,503.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	1,051,650.
3 a Subtotal	21	407			13,901,610.
b Total from continuation sheets to Part I	41	804			105,657,503.
c Totals (add lines 3a and 3b)	62	1211			119,559,113.

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

Schedule F (Form 990) 2019

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
RUSSIA AND NEIGHBORING STATES	3	41	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	1,243,870.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	1,235,514.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	8,356.
SOUTH AMERICA	2	48	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	848,548.
SOUTH AMERICA	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	469,700.
SOUTH AMERICA	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	304,655.
SOUTH AMERICA	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	232,737.
SOUTH AMERICA	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	137,769.
SUB-SAHARAN AFRICA	36	715	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	14,721,061.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	24,644,651.
Totals					

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
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	4,034,133.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	4,633,068.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	NATURAL RESOURCE MANAGEMENT PROGRAMS	1,804,704.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	720,548.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING	N/A	692,110.
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING	N/A	5,539,014.
RUSSIA AND NEIGHBORING STATES	0	0	GRANT MAKING	N/A	2,448,686.
SOUTH AMERICA	0	0	GRANT MAKING	N/A	709,078.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING	N/A	41,229,301.
Totals	41	804			105,657,503.

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	276,844.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH PROGRAMS	415,266.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CAPACITY DEVELOPMENT PROGRAMS	1910712.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ENGAGING MARKETS PROGRAMS	452,077.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GOVERNANCE PROGRAMS	1309536.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTH PROGRAMS	1259075.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	LIVELIHOODS PROGRAMS	293,275.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	NATURAL RESOURCE MANAGEMENT PROGRAMS	314,339.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **22**

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	1224343.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	ENGAGING MARKETS PROGRAMS	11,392.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	GOVERNANCE PROGRAMS	1212950.	WIRE TRANSFER	0.		
		SOUTH AMERICA	CAPACITY DEVELOPMENT PROGRAMS	418,594.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENGAGING MARKETS PROGRAMS	36,718.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GOVERNANCE PROGRAMS	166,900.	WIRE TRANSFER	0.		
		SOUTH AMERICA	HEALTH PROGRAMS	34,271.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LIVELIHOODS PROGRAMS	52,595.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CAPACITY DEVELOPMENT PROGRAMS	7829228.	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	ENGAGING MARKETS PROGRAMS	537,292.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GOVERNANCE PROGRAMS	3054053.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTH PROGRAMS	21686829	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LIVELIHOODS PROGRAMS	7001832.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NATURAL RESOURCE MANAGEMENT PROGRAMS	1120028.	WIRE TRANSFER	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2019

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 HAVE TO 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 WILL NOT BE REQUIRED MORE FREQUENTLY THAN QUARTERLY OR LESS FREQUENTLY THAN ANNUALLY. 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 WHICH 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

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.

THE SITUATION.

2. FINANCIAL REPORTS - THE TYPE AND FREQUENCY OF REPORTING REQUIRED WILL BE ESTABLISHED IN THE AWARD. NORMALLY, THE FINANCIAL REPORT SHALL NOT BE REQUIRED MORE FREQUENTLY THAN QUARTERLY BUT SUBRECIPIENTS THAT HAVE BEEN DETERMINED TO BE "AT RISK" MAY BE REQUIRED TO SUBMIT MONTHLY FINANCIAL REPORTS.

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

4. AGREED-UPON PROCEDURES ENGAGEMENTS - THESE MAY BE ARRANGED FOR CERTAIN ASPECTS OF SUBRECIPIENT ACTIVITIES AND/OR COMPLIANCE AREAS TO BE TESTED SUCH AS INTERNAL CONTROLS, USE OF USAID FUNDS FOR AUTHORIZED PURPOSES (ACTIVITIES ALLOWED OR UNALLOWED), ALLOWABLE COSTS/COST PRINCIPLES, COST SHARING, AND SPECIAL AWARD CONDITIONS.

V. 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 for the latest information.**

OMB No. 1545-0047

2019

**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.

1 (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 noncash assistance	(h) 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)	1,669,525.	0.			GRANT FOR PEACE BUILDING AND JUDICIAL CAPACITY DEVELOPMENT
BAO SYSTEM LLC 2900 K ST NW, SUITE 507 WASHINGTON, DC 20007	83-2463666		26,310.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
BLUE RIDGE DATA LAB LLC (BRDL) 345 FOREST RIDGE ROAD EARLYSVILLE, VA 22936	83-2463666		50,000.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT
CHRISTIAN AID 1201 5TH ST EXT CHARLOTTESVILLE, VA 22902	52-0908482	501 (C) (3)	38,230.	0.			GRANT FOR FISHERIES INTEGRATION AND SOCIETY HABITAT PROJECT
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE, NW - WASHINGTON, DC 20036	95-4191698	501 (C) (3)	1,438,228.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
INTERNEWS NETWORK P.O.BOX 4448 ARCATA, CA 95518	94-3027961	501 (C) (3)	48,940.	0.			GRANT FOR HUMAN RIGHTS PROTECTIONS PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 15.**

3 Enter total number of other organizations listed in the line 1 table **▶ 3.**

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
JHPIEGO CORPORATION 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501 (C) (3)	76,671.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
JOHN HOPKINS UNIVERSITY 3910 KESWICK RD NUM N4327-B BALTIMORE, MD 21211	47-5649093	501 (C) (3)	251,085.	0.			GRANT FOR HEALTH/HIV PREVENTION PROJECT
MAKING CENTS INTERNATIONAL 1350 CONNECTICUT AVE NW, SUIT 410 WASHINGTON, DC 20036	84-1672193	501 (C) (3)	48,501.	0.			GRANT FOR HEALTH/HIV PREVENTION PROJECT
MERCY CORPS 45 SW ANKENY ST. PORTLAND, OR 97204	91-1148123	501 (C) (3)	557,422.	0.			GRANT FOR PARTNERSHIP FOR LOCAL DEVELOPMENT PROJECT
NO MEANS NO WORLDWIDE 1765 GREENSBORO STATION PL #900 MC LEAN, VA 22102	46-4183160	501 (C) (3)	74,609.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
PALLADIUM INTERNATIONAL C 1331 PENNSYLVANIA AVENUE NW. WASHINGTON, DC 20004	20-0137383	501 (C) (3)	599,290.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
PLAN INTERNATIONAL USA INC. 155 PLAN WAY NORTH SMITHFIELD, RI 02896	13-5661832	501 (C) (3)	1,364,083.	0.			GRANT FOR COMMUNITY HIV PREVENTION PROJECT
SAVE THE CHILDREN FEDERATION INC 501 KING HIGHWAY EAST FAIRFIELD, CT 06825	06-0726487	501 (C) (3)	594,060.	0.			GRANT FOR PARTNERSHIP FOR LOCAL DEVELOPMENT PROJECT
UNIVERSITY OF RHODE ISLAND 79 UPPER COLLEGE RD KINGSTON, RI 02881	05-6014351	501 (C) (3)	785,654.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
WI-HER, LLC 8212 OLD COURTHOUSE ROAD VIENNA, VA 22182	26-3355555		21,916.	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)	1,040,847.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT
WORLD VISION INC 34834 WEYERHAEUSER WAY SOUTH FEDERAL WAY, WA 98063	95-3202116	501 (C) (3)	228,623.	0.			GRANT FOR CHILDREN IMPACTED BY HIV 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 HAVE TO 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 WILL NOT BE REQUIRED MORE FREQUENTLY THAN QUARTERLY OR LESS FREQUENTLY THAN ANNUALLY. 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 WHICH 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. NORMALLY, THE FINANCIAL REPORT SHALL NOT BE REQUIRED MORE FREQUENTLY THAN QUARTERLY BUT SUBRECIPIENTS THAT HAVE BEEN DETERMINED TO BE "AT RISK" MAY BE REQUIRED TO SUBMIT MONTHLY FINANCIAL REPORTS.

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

Part IV Supplemental Information

4. AGREED-UPON PROCEDURES ENGAGEMENTS - THESE MAY BE ARRANGED FOR CERTAIN ASPECTS OF SUBRECIPIENT ACTIVITIES AND/OR COMPLIANCE AREAS TO BE TESTED SUCH AS INTERNAL CONTROLS, USE OF USAID FUNDS FOR AUTHORIZED PURPOSES (ACTIVITIES ALLOWED OR UNALLOWED), ALLOWABLE COSTS/COST PRINCIPLES, COST SHARING, AND SPECIAL AWARD CONDITIONS.

V. 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 SCFR200.501.

**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 for instructions and the latest information.

OMB No. 1545-0047

2019

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
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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) MARK VISO PRESIDENT & CEO (THRU 07/19)	(i)	427,493.	0.	1,021.	36,400.	16,882.	481,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD HARRISON CEO OF SMART POWER MYANMAR	(i)	274,294.	0.	72,374.	21,213.	18,818.	386,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FAHMID BHUIYA COO, PGMF	(i)	256,456.	0.	64,150.	24,905.	19,456.	364,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LESLIE MITCHELL COUNTRY DIRECTOR KENYA	(i)	270,726.	0.	39,644.	21,488.	13,651.	345,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KURT MCLEOD REGIONAL VP	(i)	260,224.	0.	16,278.	30,833.	18,268.	325,603.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JASON MEIKLE DEPUTY DIRECTOR - PGMF	(i)	202,309.	0.	60,124.	14,816.	21,361.	298,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) RANAHAH AFRIYE CHIEF OF PARTY SOUTH AFRICA	(i)	224,076.	0.	41,846.	12,037.	13,793.	291,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRIAN VO VP, SOCIAL INVEST.& ALTERNATIVE FIN.	(i)	235,221.	0.	270.	21,079.	26,889.	283,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANTON N PESTANA GLOBAL COUNTRY DIRECTOR	(i)	237,890.	0.	16,326.	1,952.	22,283.	278,451.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NATASHA SAKOLSKY PRESIDENT PACT INSTITUTE	(i)	223,296.	0.	690.	27,087.	23,815.	274,888.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARY CHRISTINE OWEN CHIEF OF PARTY-THAILAND	(i)	208,125.	0.	19,868.	19,776.	22,776.	270,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BREGEITA JEFFERSON VP - BUSINESS OPERATIONS	(i)	198,770.	0.	690.	17,801.	26,039.	243,300.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARILYN G SANGIWA VP INTEGRATED PROGRAM ADVANCEMENT	(i)	193,223.	0.	1,980.	17,405.	13,627.	226,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARK REILLEY DIRECTOR IT	(i)	190,665.	0.	690.	24,787.	8,953.	225,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MICHELLE JONES CHIEF HUMAN CAP OFF (THRU 06/20)	(i)	200,448.	0.	412.	0.	23,940.	224,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) NICOLE MILLER COUNTRY DIRECTOR-SWAZILAND	(i)	162,044.	0.	19,812.	17,538.	21,736.	221,130.	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) KATE MUSIMWA SR.REGIONAL DIRECTOR, AFRICA	(i)	170,195.	0.	690.	22,476.	25,047.	218,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) TIMOTHY STAFFA VP PLANNING, & QUALITY AND NEW INIT.	(i)	165,609.	0.	258.	21,529.	22,398.	209,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) STEPHANIE POSNER DIRECTOR TRANSFORMATION LAB	(i)	158,992.	0.	450.	20,669.	22,933.	203,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) SVETLANA DIMOVSKI VP TRANSFORMATION LAB	(i)	169,342.	0.	394.	10,339.	20,448.	200,523.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) EUGENE JAMES GRALL REGIONAL DIRECTOR, AEA	(i)	141,152.	0.	38,116.	0.	16,321.	195,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) AARON LEONARD DEPUTY DIRECTOR , GOVERNANCE	(i)	124,798.	0.	41,621.	12,493.	12,475.	191,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) GREGORIA LYSSIKATOS SR. DIRECTOR OPP. DEVELOPMENT	(i)	148,571.	0.	299.	19,564.	20,279.	188,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) MAMUNUR RASHID FINANCE DIRECTOR, PGMF	(i)	126,155.	0.	29,821.	12,187.	12,430.	180,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) MATTHEW S CULLINEN SENIOR DIRECTOR, RENEWABLE ENERGY	(i)	156,975.	0.	240.	11,526.	8,715.	177,456.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) LARRY ROBERT KREMER SENIOR DIRECTOR, ENERGY SERVICES	(i)	137,219.	0.	19,558.	0.	5,627.	162,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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 1A:

THE FOLLOWING EMPLOYEES RECEIVED HOUSING ALLOWANCE, WHICH IS TAXABLE.

RANAHNAH AFRIYE: \$41,444

MD FAHMID KARIM BHUIYA: \$64,150

EUGENE JAMES GRALL: \$37,700

RICHARD HARRISON: \$72,374

ELIZABETH JERE: \$30,648

LARRY ROBERT KREMER: \$19,258

AARON LEONARD: \$41,399

KURT A. MACLEOD: \$14,988

JASON MEIKLE: \$59,804

NICOLE MILLER: \$19,418

LESLIE F. MITCHELL: \$38,354

MARY CHRISTINE OWEN: \$43,706

ANTON N PESTANA: \$15,750

MAMUNUR RASHID: \$29,672

PART I, LINE 4A:

MICHAEL VISO: \$481,796

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 for the latest information.

OMB No. 1545-0047

2019

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 III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SO THAT THERE ARE THRIVING, RESILIENT COMMUNITIES WHERE THOSE WE SERVE ARE HEARD, CAPABLE AND VIBRANT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN FY20 ALONE THE PROGRAM PROVIDED OVC PROGRAM SERVICES TO A TOTAL OF 985,641 BENEFICIARIES/STAKEHOLDERS IN 81 COUNCILS ACROSS 24 REGIONS IN MAINLAND TANZANIA AND 1 REGION IN ZANZIBAR THROUGH 45 CSOS AND 3 CONSORTIUM PARTNERS.

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

3,498 PEOPLE WHO ARE HIV POSITIVE AND LINKED THEM TO TREATMENT, AND SUCCESSFULLY GRADUATED 160,811 ADOLESCENT GIRLS AND YOUNG WOMEN FROM THE DREAMS PROGRAM.

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

AND HAS IMPROVED ACCESS TO QUALITY HEALTH SERVICES FOR 44,069 INDIVIDUALS; ACCESS TO EDUCATION FOR 140,192 LEARNERS; AGRICULTURAL

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization PACT, INC.	Employer identification number 13-2702768
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TRAINING AND FINANCE FOR 5,224 INDIVIDUALS; ACCESS TO IMPROVED
SANITATION FACILITIES FOR 5,231 INDIVIDUALS; AND IMPROVED RESILIENCY OF
284,420 INTERNALLY DISPLACED AND HOST POPULATION BENEFICIARIES.

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

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
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. 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

Name of the organization

PACT, INC.

Employer identification number

13-2702768

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 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: PACT'S CEO WAS HIRED IN MARCH 2020. IN CONNECTION WITH THE SEARCH FOR THE CEO, THE BOARD USED AN EXECUTIVE SEARCH FIRM. THAT FIRM, IN ASSISTING THE BOARD, CONDUCTED A COMPENSATION SURVEY AND BENCHMARKING ACTIVITIES TO DETERMINE AN APPROPRIATE MARKET-BASED COMPENSATION FOR PACT'S CEO, TAKING INTO ACCOUNT ORGANIZATION SIZE, COMPLEXITY, AND OTHER RELEVANT FACTORS. THE EXECUTIVE COMMITTEE OF THE BOARD ULTIMATELY SET THE CEO'S SALARY, WHICH WAS INFORMED BY THE INFORMATION PROVIDED BY THE SEARCH FIRM. THE GOVERNANCE COMMITTEE CONDUCTS AN ANNUAL EVALUATION OF THE CEO AND AWARDS MERIT-BASED INCREASES AS DEEMED APPROPRIATE AND APPROVED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE AND THE GOVERNANCE COMMITTEES ARE COMPRISED OF INDEPENDENT PERSONS AND MAINTAINS 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

Name of the organization PACT, INC.	Employer identification number 13-2702768
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AND SALARY NEGOTIATIONS OF C-LEVEL POSITIONS. IN THESE CASES, WHERE PACT IS UTILIZING A SEARCH FIRM, THE FIRM HAS PROVIDED 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. HUMENTUM, THE TRADE ASSOCIATION OF INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS, CONDUCTS THREE ANNUAL SURVEYS: SALARY AND BENEFITS SURVEY FOR HQ STAFF, US EXPATRIATE/TCN SALARY AND ALLOWANCES SURVEY, AND LOCAL NATIONAL SALARY AND BENEFITS INFORMATION SURVEY. PACT ALSO CONSULTS THE FORMS 990 OF SIMILAR ORGANIZATIONS FOR SALARY INFORMATION.

ALL PACT EMPLOYEES ARE EVALUATED ON AN ANNUAL BASIS, AND MERIT-BASED 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 XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART I, LINE 5:

THE FIGURE NOTED IN ITEM 5 REPRESENTS ONLY EMPLOYEES OF PACT WHO ARE US

**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 for instructions and the latest information.

OMB No. 1545-0047

2019

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	56,000.	53,000.	PACT, INC.
PACT MICROFINANCE HOLDING COMPANY 1828 L STREET, NW, STE 300 WASHINGTON, DC 20036	TO OPERATE MICROFINANCE PROGRAMS	DISTRICT OF COLUMBIA	0.	2,241.	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 - 52-2131854 1828 L STREET, NW, STE 300 WASHINGTON, DC 20036	RESEARCH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	PACT, INC.	X	
PACT GLOBAL MICROFINANCE FUND - 45-5008824 1828 L STREET, NW, STE 300 WASHINGTON, DC 20036	TO OPERATE MICROFINANCE PROGRAMS	DELAWARE	501(C)(3)	LINE 12A, I	PACT, INC.	X	
PACT GLOBAL (UK) CIO RAVENSWOOD, BAILEYS LANE UNITED KINGDOM	UK NGO	UNITED KINGDOM			PACT, INC.	X	
PACT GLOBAL - 82-4838175 1101 NEW YORK AVENUE NW, STE 1000 WASHINGTON, DC 20005	TO BUILD EMPOWERED COMMUNITIES, EFFECTIVE GOVERNMENTS & RESPONSIBLE	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) 2019

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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 INSTITUTE	L	1,429,080.	CASH
(2) PACT GLOBAL MICROFINANCE FUND	L	8,389,152.	CASH
(3) PACT UK	L	93,467.	CASH
(4) PACT VENTURES	L	40,405.	CASH
(5) PACT UK	Q	869,208.	CASH
(6) PACT GLOBAL MICROFINANCE FUND	Q	534,079.	CASH

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) PACT INSTITUTE	Q	3,741,023.	CASH
(8) PACT VENTURES	Q	85,853.	CASH
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.