

Form **990**
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)

OMB No. 1545-0047

2016
Open to Public Inspection


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

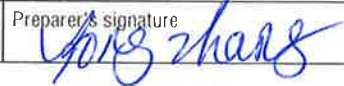
A For the 2016 calendar year, or tax year beginning **OCT 1, 2016** and ending **SEP 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PACT, INC.		D Employer identification number 13-2702768
	Doing business as		E Telephone number 202-466-5666
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1828 L STREET, NW		300
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		G Gross receipts \$ 116,089,454.
F Name and address of principal officer: MARK VISO SAME AS C ABOVE		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)	
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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	221
	6 Total number of volunteers (estimate if necessary)	6	18
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	100,712,571.	115,950,384.
	9 Program service revenue (Part VIII, line 2g)	1,214,914.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	205,549.	138,530.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,848.	540.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,139,882.	116,089,454.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,429,290.	54,562,735.
	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)	37,063,610.	42,262,003.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	22,168.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,852,649.	19,519,120.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	100,345,549.	116,343,858.
19 Revenue less expenses. Subtract line 18 from line 12	1,794,333.	-254,404.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 21,936,544.	End of Year 21,862,622.
	21 Total liabilities (Part X, line 26)	17,698,820.	17,603,437.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,237,724.	4,259,185.

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		Date 2/14/18
	Signature of officer BRUCE PANKEY, CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature 	Date 02/09/18	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name RSM US LLP	Firm's EIN 42-0714325	Phone no. 703-336-6400		
Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102					

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: SEE 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? If "Yes," describe these new services on Schedule O. Yes No

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

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 \$ 17,556,397. including grants of \$ 8,402,318.) (Revenue \$) USAID KIZAZI KIPYA

PACT ENABLES MILLION 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 PSYCHO-SOCIAL WELLBEING.

THE PROGRAM PROVIDED A CORE SERVICE TO A TOTAL OF 650,796 OVC AND CAREGIVERS BOTH SCALE UP AND SUSTAINED COUNCILS. AND TRANSITIONED ALL OVC AND THEIR CAREGIVERS IN THE SUSTAINED COUNCILS AND DEVELOPED AN INTENSIVE MONITORING TOOL TO MONITOR THE PROGRESS OF THE TRANSITIONED

4b (Code:) (Expenses \$ 14,179,921. including grants of \$ 4,042,926.) (Revenue \$) GOVERNMENT CAPACITY DEVELOPMENT SUPPORT (GCDS)

THE GCDS SHALL ENHANCE THE SOUTH AFRICAN GOVERNMENT (SAG), SPECIFICALLY THE DEPARTMENT OF SOCIAL DEVELOPMENT (DSD), IN SUPPORTING ORPHANS AND VULNERABLE CHILDREN (OVC) BY STRENGTHENING THE DSD'S RESPONSE IN ADDRESSING THE SOCIAL AND STRUCTURAL BARRIERS THAT INCREASE THE VULNERABILITY OF OVC TO HUMAN IMMUNODEFICIENCY VIRUS (HIV), SEXUALLY TRANSMITTED INFECTIONS (STI) AND TUBERCULOSIS (TB) AND ADDRESS SPECIFIC CONSTRAINTS HAMPERING THE HEALTH AND SOCIAL WELFARE SYSTEM TO ACHIEVE BETTER OUTCOMES FOR OVC AND OTHER VULNERABLE CHILDREN (E.G. THOSE AFFECTED BY CHILD ABUSE, NEGLECT AND EXPLOITATION).

4c (Code:) (Expenses \$ 11,684,683. including grants of \$ 6,478,967.) (Revenue \$) Z-CHPP

THE CHPP IS TO STRENGTHEN A RANGE OF LOCAL ZAMBIAN ORGANIZATIONS AND INSTITUTIONS IN ORDER TO ACCELERATE PROGRESS TOWARDS ZAMBIA'S GOAL OF REDUCING NEW HIV INFECTIONS BY INCREASING ADOPTION OF HIGH IMPACT HIV SERVICES AND PROTECTIVE BEHAVIORS AMONG AT-RISK POPULATIONS. PACT WITH ITS PARTNERS ARE IMPLEMENTING ZAMBIA COMMUNITY HIV PREVENTION PROJECT BY PROVIDING ESSENTIAL HIV PREVENTION SERVICES IN THE EXPANDED OPERATIONAL AREAS IN 24 TARGET DISTRICTS. THE PROJECT HAS 21 DREAMS CENTERS WHICH PROVIDES SERVICES SEVEN DAYS PER WEEK TO DREAMS AGYW AND THEIR SEXUAL PARTNERS..

4d Other program services (Describe in Schedule O.) (Expenses \$ 71,521,078. including grants of \$ 35,638,524.) (Revenue \$)

4e Total program service expenses 114,942,079.

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 temporarily restricted endowments, permanent endowments, or 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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

X

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	19		
b	Enter the number of voting members included in line 1a, above, who are independent		
	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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:
 BRUCE PANKEY, CFO - 202-466-5666
 1828 L STREET, NW, STE 300, WASHINGTON, DC 20036

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.

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

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

(A) 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) NANCY MURPHY BOARD CHAIR	5.00 1.00	X		X				0.	0.	0.
(2) JAMES BERNARD DIRECTOR	1.00	X						0.	0.	0.
(3) SAMANTHA CAREY DIRECTOR	1.00	X						0.	0.	0.
(4) MIKE DAHL DIRECTOR	1.00	X						0.	0.	0.
(5) MARK FITZGERALD CHAIR FINANCE & AUDIT COMMITTEE	1.00	X						0.	0.	0.
(6) NATHALIE GABALA DIRECTOR STARTING 07/17	1.00	X						0.	0.	0.
(7) JOHN GRIMES CHAIR, ASSET DEVELOPMENT COMMITTEE	1.00	X						0.	0.	0.
(8) RAYMOND GUTHRIE DIRECTOR	1.00	X						0.	0.	0.
(9) JOHN KOHLER DIRECTOR	1.00	X						0.	0.	0.
(10) BERNHARD LIESE DIRECTOR	1.00	X						0.	0.	0.
(11) XIA LIU DIRECTOR	1.00	X						0.	0.	0.
(12) MARK MINELLI CHAIR, GOVERNANCE COMMITTEE	1.00	X						0.	0.	0.
(13) KEVIN MITCHELL DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) TAMMY NOBOA DIRECTOR	1.00	X						0.	0.	0.
(15) STEVE OLESKEY DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) PAMELA ROUSSOS DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) FRANK SIMS DIRECTOR	1.00 1.00	X						0.	0.	0.

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) DAVID WILSON DIRECTOR	1.00	X					0.	0.	0.	
(19) MARK VISO BOARD MEMBER AND CEO	44.00	X		X			377,820.	0.	58,844.	
(20) ALIK HINCKSON CFO (UNTIL 11/2016)	42.00			X			231,621.	0.	30,726.	
(21) BRUCE PANKEY CFO (FROM 03/2017)	2.00			X			0.	0.	0.	
(22) CHRISTIAN LOUCQ COO	42.00			X			266,953.	0.	35,039.	
(23) LESLIE MITCHELL COUNTRY DIRECTOR-KENYA	42.00				X		291,761.	0.	37,729.	
(24) RICHARD HARRISON COUNTRY DIRECTOR - MYANMAR	40.00				X		202,580.	0.	31,050.	
(25) MATTHEW TIEDEMANN CHIEF OF PARTY-MYANMAR	1.00				X		287,120.	0.	36,997.	
(26) KURT MCLEOD REGIONAL VP	40.00				X		243,321.	0.	39,555.	
1b Sub-total							1,901,176.	0.	269,940.	
c Total from continuation sheets to Part VII, Section A							1,748,899.	0.	285,270.	
d Total (add lines 1b and 1c)							3,650,075.	0.	555,210.	

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 58

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RSM US LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	AUDIT AND TAX SERVICES	136,841.

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 1

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	110,937,976.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,012,408.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		115,950,384.				
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)		138,530.			138,530.
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6 a		Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
9 a		Gross income from gaming activities. See Part IV, line 19	a					
		Less: direct expenses	b					
		Net income or (loss) from gaming activities						
10 a		Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	900099	540.			540.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		540.					
12	Total revenue. See instructions.		116,089,454.	0.	0.	139,070.		

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	7,541,466.	7,541,466.		
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	47,021,269.	47,021,269.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,389,528.	1,552,874.	836,654.	
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	31,103,017.	22,186,807.	8,913,928.	2,282.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,422,308.	887,472.	534,836.	
9 Other employee benefits	6,111,573.	4,636,004.	1,475,027.	542.
10 Payroll taxes	1,235,577.	179,729.	1,055,673.	175.
11 Fees for services (non-employees):				
a Management				
b Legal	92,086.	40,761.	51,325.	
c Accounting	187,967.	46,319.	141,648.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,180,029.	1,739,178.	2,427,516.	13,335.
12 Advertising and promotion	103,216.		103,216.	
13 Office expenses	4,648,370.	3,080,920.	1,567,321.	129.
14 Information technology	347,181.	81,487.	265,694.	
15 Royalties				
16 Occupancy	3,047,940.	1,765,868.	1,282,072.	
17 Travel	4,586,077.	3,241,475.	1,344,602.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,079,999.	3,758,682.	321,317.	
20 Interest	100,470.	2,718.	97,752.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	552,342.		552,342.	
23 Insurance	165,879.		165,879.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VEHICLE EXPENSES	582,616.	574,476.	8,140.	
b ALLOCABLE MGT & GENERAL	0.	16,604,574.	-16,610,279.	5,705.
c AFFILIATE ADMIN COST REC	-3,155,052.		-3,155,052.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	116,343,858.	114,942,079.	1,379,611.	22,168.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	15,837.	1	9,887.
	2 Savings and temporary cash investments	6,338,162.	2	7,145,056.
	3 Pledges and grants receivable, net	6,630,841.	3	6,817,937.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,917,996.	9	1,263,415.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,130,815.		
	b Less: accumulated depreciation	10b 3,803,923.	1,966,448.	10c 1,326,892.
	11 Investments - publicly traded securities	3,528,091.	11	3,970,580.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,539,169.	15	1,328,855.
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,936,544.	16	21,862,622.	
Liabilities	17 Accounts payable and accrued expenses	7,385,584.	17	9,443,076.
	18 Grants payable		18	
	19 Deferred revenue	3,557,283.	19	1,665,066.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,640,000.	23	1,365,348.
	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	4,115,953.	25	5,129,947.
	26 Total liabilities. Add lines 17 through 25	17,698,820.	26	17,603,437.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,237,724.	27	4,259,185.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,237,724.	33	4,259,185.	
34 Total liabilities and net assets/fund balances	21,936,544.	34	21,862,622.	

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	116,089,454.
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,343,858.
3	Revenue less expenses. Subtract line 2 from line 1	3	-254,404.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,237,724.
5	Net unrealized gains (losses) on investments	5	275,865.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,259,185.

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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 in Schedule O and describe any steps taken to undergo such audits	X	

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization <p style="text-align:center">PACT, INC.</p>	Employer identification number <p style="text-align:center">13-2702768</p>
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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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	144,211,893.	108,869,191.	98,551,561.	100,712,571.	115,950,384.	568,295,600.
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	144,211,893.	108,869,191.	98,551,561.	100,712,571.	115,950,384.	568,295,600.
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						568,295,600.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	144,211,893.	108,869,191.	98,551,561.	100,712,571.	115,950,384.	568,295,600.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,363.	85,523.	38,567.	182,529.	138,530.	483,512.
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.)	1,376,653.	47,572.	54,635.	6,848.	540.	1,486,248.
11 Total support. Add lines 7 through 10						570,265,360.
12 Gross receipts from related activities, etc. (see instructions)					12	1,214,914.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.65 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.70 %

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2016.** 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

b **10% -facts-and-circumstances test - 2015.** 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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 (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			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).		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

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

OTHER INCOME

2012 AMOUNT: \$ 1,376,653.

2013 AMOUNT: \$ 47,572.

2014 AMOUNT: \$ 54,635.

2015 AMOUNT: \$ 6,848.

2016 AMOUNT: \$ 540.

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

OMB No. 1545-0047

2016

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

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		\$ 103,957,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,662,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input 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
--	--

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.

OMB No. 1545-0047

2016 Open to Public Inspection

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

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

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

Form with multiple sections: Purpose(s) of conservation easements, table for lines 2a-2d (Total number, acreage, etc.), and questions about monitoring and expenses.

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.

Form with questions 1a, 1b, 2, 2a, 2b regarding reporting of art, historical treasures, and similar assets.

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 are a 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 programs
 - 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 Temporarily restricted 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? | 3b | |

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,487,602.	629,129.	858,473.
d Equipment				
e Other		3,643,213.	3,174,794.	468,419.
Total. Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				1,326,892.

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) ADVANCES	1,192,168.
(2) SECURITY DEPOSITS	136,687.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,328,855.

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	1,669,818.
(3) DUE TO RELATED PARTY	3,460,129.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,129,947.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	184,586,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	275,865.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	68,221,214.	
e	Add lines 2a through 2d	2e		68,497,079.
3	Subtract line 2e from line 1	3		116,089,454.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		116,089,454.

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	170,942,536.
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	54,598,678.	
e	Add lines 2a through 2d	2e		54,598,678.
3	Subtract line 2e from line 1	3		116,343,858.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		116,343,858.

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:

PACT, INC. IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE

PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION,

PACT, INC. QUALIFIES FOR CHARITABLE CONTRIBUTIONS DEDUCTION AND HAS BEEN

CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME

WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS

SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. PACT HAD NO

SIGNIFICANT NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30,

2017.

MANAGEMENT EVALUATED PACT'S TAX POSITIONS AND CONCLUDED THAT PACT HAD

TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

Part XIII Supplemental Information (continued)

STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, PACT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PACT INSTITUTE REVENUE INCLUDED IN CONSOLIDATED FS	23,556,460.
PGMF REVENUE INCLUDED IN CONSOLIDATED FS	43,738,014.
PACT UK REVENUE INCLUDED IN CONSOLIDATED FS	1,176,822.
ELIMINATIONS	-250,082.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	68,221,214.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PACT INSTITUTE EXPENSES INCLUDED IN CONSOLIDATED FS	22,980,656.
PGMF EXPENSES INCLUDED IN CONSOLIDATED FS	30,693,724.
PACT UK EXPENSES INCLUDED IN CONSOLIDATED FS	1,174,380.
ELIMINATIONS	-250,082.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	54,598,678.

**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.

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

OMB No. 1545-0047

2016

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
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		6,255,448.
EAST ASIA AND THE PACIFIC	31	577	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	4,350,384.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	463,342.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	2,892,549.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	2,931,067.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	1,232,026.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	NATURAL RESOURCE MANAGEMENT PROGRAMS	825,434.
RUSSIA AND NEIGHBORING STATES	0	0	GRANT MAKING		751,837.
3 a Sub-total	31	577			19,702,087.
b Total from continuation sheets to Part I	41	773			87,811,798.
c Totals (add lines 3a and 3b)	72	1350			107,513,885.

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

Schedule F (Form 990) 2016

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	42	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	1,168,450.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	8,477.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	235,925.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	923,126.
SOUTH AMERICA	0	0	GRANT MAKING		941,613.
SOUTH AMERICA	1	30	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	295,501.
SOUTH AMERICA	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	335,797.
SOUTH AMERICA	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	308,933.
SOUTH AMERICA	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	402,957.
SOUTH ASIA	0	0	GRANT MAKING		3,059,192.
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
SOUTH ASIA	5	55	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	1,197,639.
SOUTH ASIA	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	299,410.
SOUTH ASIA	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	898,229.
SOUTH ASIA	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	598,819.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		36,013,179.
SUB-SAHARAN AFRICA	32	646	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	11,846,777.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	4,460,919.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	19,068,614.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	4,354,094.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	NATURAL RESOURCE MANAGEMENT PROGRAMS	1,394,147.
Totals	41	773			87,811,798.

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)
			EAST ASIA AND THE PACIFIC	CAPACITY DEVELOPMENT PROGRAMS	2,345,199.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	ENGAGING MARKETS PROGRAMS	186,159.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	GOVERNANCE PROGRAMS	1,276,466.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	HEALTH PROGRAMS	1,804,526.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	LIVELIHOODS PROGRAMS	441,475.	WIRE TRANSFER	0.		
			EAST ASIA AND THE PACIFIC	NATURAL RESOURCE MANAGEMENT PROGRAMS	201,622.	WIRE TRANSFER	0.		
			RUSSIA AND NEIGHBORING STATES	CAPACITY DEVELOPMENT PROGRAMS	375,919.	WIRE TRANSFER	0.		
			RUSSIA AND NEIGHBORING STATES	GOVERNANCE PROGRAMS	58,557.	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	HEALTH PROGRAMS	315,469.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENGAGING MARKETS PROGRAMS	207,155.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GOVERNANCE PROGRAMS	235,403.	WIRE TRANSFER	0.		
		SOUTH AMERICA	HEALTH PROGRAMS	216,571.	WIRE TRANSFER	0.		
		SOUTH AMERICA	LIVELIHOODS PROGRAMS	282,484.	WIRE TRANSFER	0.		
		SOUTH ASIA	CAPACITY DEVELOPMENT PROGRAMS	1,223,677.	WIRE TRANSFER	0.		
		SOUTH ASIA	ENGAGING MARKETS PROGRAMS	305,919.	WIRE TRANSFER	0.		
		SOUTH ASIA	GOVERNANCE PROGRAMS	917,758.	WIRE TRANSFER	0.		
		SOUTH ASIA	LIVELIHOODS PROGRAMS	611,838.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CAPACITY DEVELOPMENT PROGRAMS	7,582,657.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GOVERNANCE PROGRAMS	2,528,752.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTH PROGRAMS	20,354,065.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LIVELIHOODS PROGRAMS	5,117,128.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NATURAL RESOURCE MANAGEMENT PROGRAMS	430,577.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not 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; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

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

1) U.S. NONPROFIT SUBRECIPIENTS EXPENDING \$500,000 OR MORE IN FEDERAL AWARDS DURING THEIR FISCAL YEAR ARE SUBJECT TO AUDIT REQUIREMENTS IN OMB CIRCULAR A-133.

2) NON-U.S. SUBRECIPIENTS ARE SUBJECT ONLY TO MONITORING BY PACT FOLLOWING APPLICABLE US GOVERNMENT AUDIT COMPLIANCE REQUIREMENTS, WHERE APPROPRIATE.

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 3:

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

SCHEDULE F, PART IV, LINE 6:

THE ORGANIZATION HAS FILED FORM 5713 UNDER SEPARATE COVER TO THE IRS.

THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 990-T.

**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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

PACT, INC.

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

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 non-cash assistance	(h) Purpose of grant or assistance
CHILD FUND INTERNATIONAL P.O. BOX 26484 RICHMOND, VA 23261	54-0536100	501 (C) (3)	305,060.	0.			GRANT FOR ORPHAN AND VULNERABLE CHILDREN PROJECT
CHRISTIAN AID 1201 5TH ST EXT CHARLOTTESVILLE, VA 22902	52-0908482	501 (C) (3)	649,251.	0.			GRANT FOR FISHERIES INTEGRATION AND SOCIETY HABITAT PROJECT
EQUAL ACCESS 1212 MARKET STREET SUITE 200 SAN FRANCISCO, CA 94102	94-3402601	501 (C) (3)	655,084.	0.			GRANT FOR PARTNERSHIP FOR LOCAL DEVELOPMENT PROJECT
EARTHRIGHTS INTERNATIONAL 1612 K. STREET, ST. N.W., SUITE 401 WASHINGTON, DC 20006	04-3265555	501 (C) (3)	9,522.	0.			GRANT FOR PROGRAM ON SOCIAL AND ENVIRONMENTAL SAFEGUARDS
ELIZABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVENUE, NW - WASHINGTON, DC 20036	95-4191698	501 (C) (3)	196,418.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
FHI 360 359 BLACKWELL STREET DURHAM, NC 27701	23-7413005	501 (C) (3)	1,346,129.	0.			GRANT FOR COMMUNITY HIV SERVICES PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2016)

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
INSTITUTE FOR GLOBAL ENVIRONMENTAL STRATEGIES REG. - 1600 WILSON BLVD STE 705 - ARLINGTON, VA 22209	54-1720742	501 (C) (3)	81,821.	0.			GRANT FOR STRENGTHENING CIVIL SOCIETY & INDEPENDENT MEDIA PROJECT
INTERNEWS NETWORK P.O. BOX 4448 ARCATA, CA 95518	94-3027961	501 (C) (3)	124,803.	0.			GRANT FOR STRENGTHENING CIVIL SOCIETY & INDEPENDENT MEDIA PROJECT
MERCY CORPS 45 SW ANKENY ST. PORTLAND, OR 97204	91-1148123	501 (C) (3)	655,489.	0.			GRANT FOR PEACE IN EAST AFRICA PROGRAM
MARIE STOPES INTERNATIONAL (MSI) PO BOX 35528 WASHINGTON, DC 20033	54-1901882	501 (C) (3)	852,165.	0.			GRANT FOR HEALTH AND LIVELIHOODS PROGRAM
PHANDEYAR FOUNDATION 340 S LEMON AVE # 9595 WALNUT, CA 91789	81-0752175	501 (C) (3)	7,500.	0.			GRANT FOR PROGRAM ON SOCIAL AND ENVIRONMENTAL SAFEGUARDS
PLAN INTERNATIONAL USA INC. 155 PLAN WAY, WARWICK, RI 02896 NORTH SMITHFIELD, RI 02896	13-5661832	501 (C) (3)	1,110,394.	0.			GRANT FOR COMMUNITY HIV PREVENTION PROJECT
STOCKHOLM ENVIRONMENT INSTITUTE 11 CURTIS AVE SOMERVILLE, MA 02144	20-4659308	501 (C) (3)	45,337.	0.			GRANT FOR PROGRAM ON SOCIAL AND ENVIRONMENTAL SAFEGUARDS
UNIVERSITY OF RHODE ISLAND 79 UPPER COLLEGE RD KINGSTON, RI 02881	05-6014351	501 (C) (3)	692,680.	0.			GRANT FOR FISHERIES INTEGRATION AND SOCIETY HABITAT PROJECT
UNIVERSITY OF MIAMI 1320 S. DIXIE HIGHWAY, MIAMI, FL 33146	59-0624458	501 (C) (3)	556,097.	0.			GRANT FOR COMMUNITY HIV PREVENTION PROJECT

Schedule I (Form 990)

FACT, INC. 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
VERMONT LAW SCHOOL 164 CHELSEA STREET SOUTH ROYALTON, VT 05068	07-3972457	501 (C) (3)	99,660.	0.			GRANT FOR PROGRAM ON SOCIAL AND ENVIRONMENTAL SAFEGUARDS
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD BRONX, NY 10460	13-1740011	501 (C) (3)	154,056.	0.			GRANT FOR PROGRAM ON SOCIAL AND ENVIRONMENTAL SAFEGUARDS

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 FACT.

II. POLICY: FACT, 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

1) U.S. NONPROFIT SUBRECIPIENTS EXPENDING \$500,000 OR MORE IN FEDERAL

AWARDS DURING THEIR FISCAL YEAR ARE SUBJECT TO AUDIT REQUIREMENTS IN OMB

CIRCULAR A-133.

2) NON-U.S. SUBRECIPIENTS ARE SUBJECT ONLY TO MONITORING BY PACT FOLLOWING

APPLICABLE US GOVERNMENT AUDIT COMPLIANCE REQUIREMENTS, WHERE APPROPRIATE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain 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) 2016

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 BOARD MEMBER AND CEO	(i) 377,130. (ii) 0.	0.	690.	36,927.	21,917.	436,664.	0.
(2) ALIK HINCKSON CFO (UNTIL 11/2016)	(i) 231,308. (ii) 0.	0.	313.	16,621.	14,105.	262,347.	0.
(3) CHRISTIAN LOUCQ COO	(i) 263,143. (ii) 0.	0.	3,810.	14,059.	20,980.	301,992.	0.
(4) LESLIE MITCHELL COUNTRY DIRECTOR-KENYA	(i) 269,760. (ii) 0.	0.	22,001.	19,326.	18,403.	329,490.	0.
(5) RICHARD HARRISON COUNTRY DIRECTOR - MYANMAR	(i) 180,764. (ii) 0.	0.	21,816.	14,310.	16,740.	233,630.	0.
(6) MATTHEW TIEDEMANN CHIEF OF PARTY-MYANMAR	(i) 221,054. (ii) 0.	0.	66,066.	18,622.	18,375.	324,117.	0.
(7) KURT MCLEOD REGIONAL VP	(i) 204,173. (ii) 0.	0.	39,148.	24,522.	15,033.	282,876.	0.
(8) TODD MALONE REGIONAL VP	(i) 182,480. (ii) 0.	0.	487.	22,877.	17,537.	223,381.	0.
(9) JOHN WHALEN PRESIDENT, PACT INSTITUTE	(i) 146,220. (ii) 0.	0.	118,592.	16,645.	12,257.	293,714.	0.
(10) STEVEN SMITH CHIEF OF PARTY - ETHIOPIA	(i) 266,894. (ii) 0.	0.	4,128.	13,827.	18,622.	303,471.	0.
(11) CASSANDRA CRAVEN COUNTRY DIRECTOR- ETHIOPIA	(i) 243,456. (ii) 0.	0.	378.	15,872.	17,686.	277,392.	0.
(12) ERICA TUBBS DEPUTY CHIEF OF PARTY- MYANMAR	(i) 210,347. (ii) 0.	0.	223.	14,490.	17,816.	242,876.	0.
(13) STEPHANIE POSNER COUNTRY DIRECTOR-NAMIBIA	(i) 173,855. (ii) 0.	0.	468.	18,880.	18,414.	211,617.	0.
(14) SHARI STIER VP - GLOBAL H/R	(i) 223,324. (ii) 0.	0.	690.	18,876.	20,419.	263,309.	0.
(15) ROBERTO FLORES SR. DIRECTOR OF FP&A	(i) 176,067. (ii) 0.	0.	1,290.	22,020.	19,032.	218,409.	0.
(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.

LESLIE MITCHELL: \$21,264

RICHARD HARRISON: \$21,816

MATTHEW TIEDEMANN: \$65,364

KURT MCLEOD: \$38,400

CASSANDRA CRAVEN: \$7,840

POSNER STEPHANIE: \$7,574

PART I, LINE 4A:

ONE EMPLOYEE WHO RECEIVED A SEVERANCE PAYMENT FROM THE ORGANIZATION,

PROPERLY REPORT HIS RESPECTIVE COMPENSATION, ON FORM 990, PART VII AND

SCHEDULE J, PART II.

THE TERMS AND CONDITIONS OF THE AGREEMENT ARE CONFIDENTIAL AND CAN BE MADE

AVAILABLE TO THE IRS UPON REQUEST. ALL AMOUNTS PAID DURING THE PERIOD

COVERED BY THIS RETURN, ARE APPROPRIATELY INCLUDED IN FORM 990, PART VII,

AND IN SCHEDULE J, PART II AS A PART OF REPORTABLE COMPENSATION REPORTED ON

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.

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

OMB No. 1545-0047

2016
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:

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BENEFICIARIES.

TO MEET THE HIV NEEDS OF THE CHILDREN IN THE MINING COMMUNITIES, THE
PROJECT THROUGH ITS TECHNICAL PARTNERS CONDUCTED FORMATIVE RESEARCH IN
THE MINING COMMUNITIES TO IDENTIFY THE NEEDS AND INTERVENTIONS THAT
WOULD BENEFIT THESE CHILDREN WITH SOCIAL AND HEALTH SERVICES INCLUDING
HIV SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS.

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

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

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

EXPENSES \$ 71,521,078. INCLUDING GRANTS OF \$ 35,638,524. REVENUE \$ 0.

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

CAMBODIA, CONGO, DEM REP, KENYA, LESOTHO,

MADAGASCAR, MALAWI, MONGOLIA, MOZAMBIQUE,

NAMIBIA, NEPAL, NIGERIA, RWANDA,

SOUTH AFRICA, SOUTH SUDAN, SWAZILAND, TANZANIA,

THAILAND, UKRAINE, VIETNAM, ZIMBABWE,

BURMA

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

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 990 IS ALSO PROVIDED TO ITS BOARD OF DIRECTORS PRIOR TO FILING. THE

RETURN IS POSTED ON A SECURE WEBSITE FOR A PERIOD OF TIME, AND THE BOARD IS

NOTIFIED OF ITS LOCATION, AS WELL AS THE PASSWORD. ANY COMMENTS RECEIVED

BY BOARD MEMBERS ARE ANALYZED AND ADDRESSED, AS APPROPRIATE, PRIOR TO

SUBMITTING THE RETURN.

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

ALL EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY AT HIRING.

AS OF APRIL 2011, PACT ALSO REQUIRES AN ANNUAL UPDATE (REVIEW OF THE

CONFLICT OF INTEREST POLICY, AND SIGNING OF A DISCLOSURE FORM) BY ALL

EMPLOYEES. THREE OFFICERS (PRESIDENT, SECRETARY & TREASURER) ARE ALSO

EMPLOYEES. PACT'S BOARD HAS AN ANNUAL CONFLICT OF INTEREST ACKNOWLEDGEMENT

PROCESS - EACH BOARD MEMBER IS REQUIRED TO READ THE POLICY AND COMPLETE THE

Name of the organization

PACT, INC.

Employer identification number

13-2702768

ACKNOWLEDGEMENT FORM ANNUALLY, IN CONNECTION WITH THE BOARD'S APRIL MEETING

EACH YEAR.

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

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 CURRENT CEO WAS HIRED IN APRIL 2009. 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 BOARD CONDUCTS AN ANNUAL EVALUATION OF THE CEO AND AWARDS MERIT-BASED INCREASES AS DEEMED APPROPRIATE.

OTHER OFFICERS OR KEY EMPLOYEES: THE CEO IS RESPONSIBLE FOR THE COMPENSATION OF OTHER EMPLOYEES, BUT IS DIRECTLY INVOLVED ONLY IN THE HIRING AND SALARY NEGOTIATIONS OF C-LEVEL POSITIONS. IN THESE CASES, WHERE PACT IS UTILIZING A SEARCH FIRM, THE FIRM HAS PROVIDED MARKET INFORMATION TO ASSIST IN THE DETERMINATION OF APPROPRIATE COMPENSATION LEVELS. FOR KEY EMPLOYEES BEYOND THE C-SUITE, PACT'S SVP OF HUMAN RESOURCES IS RESPONSIBLE FOR SALARY DETERMINATIONS. IN MANY CASES, PACT'S EMPLOYEES ARE PAID UNDER A FEDERAL AWARD AND THE COMPENSATION IS INCLUDED IN A PROPOSAL

Name of the organization

PACT, INC.

Employer identification number

13-2702768

AND IS APPROVED BY THE AWARDING AGENCY, SUBJECT TO THE AGENCY'S
 COMPENSATION STANDARDS. IN OTHER CASES, PACT USES A SERIES OF ANNUAL
 SALARY SURVEYS OF PEER ORGANIZATIONS, CONDUCTED BY AN INDUSTRY TRADE
 ASSOCIATION, TO INFORM SALARY LEVELS. INSIDENGO, THE TRADE ASSOCIATION OF
 INTERNATIONAL NGO 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 SVP OF HUMAN RESOURCES.

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

PACT'S IRS DETERMINATION LETTER, ANNUAL REPORTS, AND AUDITED FINANCIAL
 STATEMENTS ARE AVAILABLE UPON REQUEST, AS WELL AS ON GUIDESTAR. MOST RECENT
 FORMS 990 ARE ON PACT'S WEBSITE. FORMS 990 ARE AVAILABLE ON GUIDESTAR FOR
 THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). OTHER
 GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Name of the organization

PACT, INC.

Employer identification number

13-2702768

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

CITIZENS. PACT HAS MANY OTHER EMPLOYEES, INCLUDING THIRD COUNTRY

NATIONALS AND LOCAL NATIONALS, WORKING IN OUR OFFICES AROUND THE WORLD,

WHO ARE NOT SUBJECT TO US WAGE AND TAX REPORTING REQUIREMENTS.

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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	PACT INSTITUTE	L	1,600,000. CASH			X
(2)	PACT GLOBAL MICROFINANCE FUND	L	2,646,105. CASH			X
(3)	PACT INSTITUTE	Q	2,204,986. CASH			X
(4)	PACT GLOBAL MICROFINANCE FUND	Q	528,039. CASH			X
(5)	PACT UK	Q	340,152. CASH			X
(6)						

