

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FACT, INC. Doing Business As 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		D Employer identification number 13-2702768
	F Name and address of principal officer: ALIK HINCKSON SAME AS C ABOVE		E Telephone number 202-466-5666
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		G Gross receipts \$ 109,850,371.	
J Website: WWW.PACTWORLD.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
L Year of formation: 1971		H(c) Group exemption number	
M State of legal domicile: DC			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PACT ENABLES SYSTEMIC SOLUTIONS THAT ALLOW THOSE WHO ARE POOR AND MARGINALIZED TO EARN A DIGNIFIED		
	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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	249
	6 Total number of volunteers (estimate if necessary)	6	19
	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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	144,211,893.	108,869,191.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,363.	89,154.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,376,653.	47,572.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	145,626,909.	109,005,917.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	89,420,360.	56,990,115.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	35,900,740.	33,051,663.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,822,811.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,699,820.	19,550,475.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	146,020,920.	109,592,253.
	20 Total assets (Part X, line 16)	-394,011.	-586,336.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	47,801,532.	25,701,784.
	44,461,320.	22,837,434.	
	3,340,212.	2,864,350.	

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	Signature of officer	Date			
	ALIK HINCKSON, EVP & CFO Type or print name and title	8/10/2013			
Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature Yong Zhang	Date 8/10/13	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name MCGLADREY 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: 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,

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

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

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

4a (Code:) (Expenses \$ 15,201,163. including grants of \$ 12,649,184.) (Revenue \$) PACT YEKOKEB BERHAN PROGRAM FOR HIGHLY VULNERABLE CHILDREN: YEKOKEB BERHAN - "LIGHT EMANATING FROM THE STARS" IN AMHARIC - HAS TRANSFORMED THE LIVES OF HUNDREDS OF THOUSANDS OF PEOPLE IN ETHIOPIA. A COMPREHENSIVE, INTEGRATED PROGRAM, YEKOKEB BERHAN HELPS VULNERABLE CHILDREN IN AREAS MOST AFFECTED BY HIV AND AIDS BY SUPPORTING THEIR FAMILIES. IT IS ONE OF THE WORLD'S LARGEST PROGRAMS FOR VULNERABLE CHILDREN. MORE THAN 20,000 TRAINED VOLUNTEERS IDENTIFY AND ASSESS THE NEEDS OF HIGHLY VULNERABLE CHILDREN AND THEIR PARENTS OR GUARDIANS IN ACCORDANCE WITH ETHIOPIAN GOVERNMENT STANDARDS. THEY THEN WORK WITH LOCAL COMMUNITY COMMITTEES AND CIVIL SOCIETY ORGANIZATIONS TO DEVELOP AND IMPLEMENT CARE PLANS THAT EMPHASIZE ECONOMIC STRENGTHENING, BETTER

4b (Code:) (Expenses \$ 14,226,900. including grants of \$ 7,031,430.) (Revenue \$) SHAE THOT: THE WAY FORWARD SHAE THOT USES AN INTEGRATED, HOLISTIC APPROACH TO ALLEVIATE POVERTY AND IMPROVE HEALTH IN VILLAGES IN MYANMAR BY TACKLING PROBLEMS IN A RANGE OF AREAS, INCLUDING MATERNAL AND CHILD HEALTH, LIVELIHOODS, FOOD SECURITY AND WATER, SANITATION AND HYGIENE. BY PARTNERING WITH LOCAL ORGANIZATIONS AND WORKING CLOSELY WITH COMMUNITIES, SHAE THOT IS BUILDING LOCAL CAPACITY FOR DECISION-MAKING AND LONG-TERM PLANNING, CREATING IMPACT THAT WILL LAST LONG BEYOND PACT'S PRESENCE. WITH ACTIVITIES IN NEARLY 2,000 VILLAGES, THE PROGRAM HAS TRAINED HUNDREDS OF THOUSANDS OF COMMUNITY MEMBERS AND HEALTH WORKERS IN CHILD HEALTH AND NUTRITION; PROVIDED MOBILE-CLINIC HEALTH AND FAMILY PLANNING

4c (Code:) (Expenses \$ 6,783,041. including grants of \$ 3,132,560.) (Revenue \$) PAMOJA TUWALEE: LET'S BRING CHILDREN UP TOGETHER A FIVE-YEAR EFFORT, PAMOJA TUWALEE HELPS VULNERABLE TANZANIAN CHILDREN AND THEIR FAMILIES MEASURABLY IMPROVE THEIR LIVES. PACT WORKS WITH LOCAL NONPROFITS AND GOVERNMENT AGENCIES THAT, IN TURN, WORK WITH FAMILIES AND CAREGIVERS IN THEIR COMMUNITIES TO MEET THE BASIC NEEDS OF AT-RISK CHILDREN. BECAUSE THE MAJORITY OF TANZANIA'S VULNERABLE CHILDREN LIVE IN FEMALE-HEADED HOUSEHOLDS, PACT EMPLOYS ITS AWARD-WINNING WORTH MODEL, IN WHICH SMALL GROUPS OF WOMEN SAVE TOGETHER AND MAKE LOW-INTEREST LOANS TO ONE ANOTHER THAT HELP THEM LAUNCH OR EXPAND SMALL BUSINESSES. WITH INCREASED INCOME, WOMEN ARE BETTER ABLE TO CARE FOR THEIR CHILDREN. PAMOJA TUWALEE HAS PROVIDED MORE THAN

4d Other program services (Describe in Schedule O.) (Expenses \$ 69,484,055. including grants of \$ 34,176,941.) (Revenue \$)

4e Total program service expenses 105,695,159.

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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			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? <i>If "Yes," complete Schedule L, Part III</i>		X
27			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? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
35b		X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		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 numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (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, physical address, and telephone number of the person who possesses the books and records of the organization: **ALIK HINCKSON, EVP AND 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 CHAIR	5.00 1.00	X		X				0.	0.	0.
(2) STEPHEN H. OLESKY BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(3) MARK MINELLI BOARD MEMBER	1.00	X						0.	0.	0.
(4) EVA THORNE BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(5) LYNDON HAVILAND BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(6) DELIA MARSHALL BOARD MEMBER	1.00	X						0.	0.	0.
(7) KEVIN P. MITCHELL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(8) PAMELA ROUSSOS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(9) FRANK SIMS BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(10) DAVID WILSON BOARD MEMBER	1.00	X						0.	0.	0.
(11) JAMES BERNARD BOARD MEMBER	1.00	X						0.	0.	0.
(12) JOHN GRIMES BOARD MEMBER	1.00	X						0.	0.	0.
(13) BERNHARD LIESE BOARD MEMBER	1.00	X						0.	0.	0.
(14) JOHN KOHLER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(15) DAVID SKAGGS BOARD MEMBER	1.00	X						0.	0.	0.
(16) SAMANTHA CAREY BOARD MEMBER	1.00	X						0.	0.	0.
(17) JENNIFER SILBERMAN BOARD MEMBER	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) TAMELA NOBOA BOARD MEMBER	1.00	X						0.	0.	0.
(19) MARK FITZGERALD BOARD MEMBER	1.00	X						0.	0.	0.
(20) MARK VISO BOARD MEMBER & CEO	40.00 2.00	X		X				329,984.	0.	47,139.
(21) WILLIAM WARSHAUER COO/SECRETARY	40.00 1.00			X				265,983.	0.	38,128.
(22) LEONARD WILLIAMS CFO/TREASURER	40.00 2.00			X				250,275.	0.	43,409.
(23) GRAHAM WOOD VP - PROGRAM ADVANCEMENT	40.00				X			206,544.	0.	32,529.
(24) LESLIE MITCHELL COUNTRY REP - ETHIOPIA	40.00				X			257,871.	0.	32,250.
(25) ERICA TUBBS DEP COP	40.00				X			169,226.	0.	27,666.
(26) MATTHEW TIEDEMANN CHIEF OF PARTY	40.00				X			260,246.	0.	32,166.
1b Sub-total								1,740,129.	0.	253,287.
c Total from continuation sheets to Part VII, Section A								2,493,671.	0.	348,259.
d Total (add lines 1b and 1c)								4,233,800.	0.	601,546.

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 69

	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
TRUE TANDEM, LLC, 11911 FREEDOM DRIVE, SUITE 590, RESTON, VA 20190	SOFTWARE DEVELOPMENT	197,371.
MCGLADREY, LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	AUDIT/TAX SERVICES	147,300.
BERKELEY RESEARCH GROUP, LLC, 2200 POWELL STREET, SUITE 1200, EMERYVILLE, CA 94608	FINANCIAL MANAGEMENT	124,205.

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 3

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	108,776,759.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	92,432.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		108,869,191.				
	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)		85,523.			85,523.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)		3,631.			3,631.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099		47,572.	0.		47,572.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			47,572.				
12 Total revenue. See instructions.			109,005,917.	0.	0.	136,726.	

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 governments and organizations in the United States. See Part IV, line 21	593,222.	593,222.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	56,396,893.	56,396,893.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,371,328.	2,394,771.	687,865.	288,692.
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	20,382,905.	14,491,291.	4,835,852.	1,055,762.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	972,519.	89,211.	764,404.	118,904.
9 Other employee benefits	7,024,365.	6,832,829.	-172,326.	363,862.
10 Payroll taxes	1,300,546.	364,224.	934,766.	1,556.
11 Fees for services (non-employees):				
a Management				
b Legal	165,204.	56,954.	107,943.	307.
c Accounting	281,095.	118,209.	162,886.	
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.)	2,790,828.	1,770,015.	699,469.	321,344.
12 Advertising and promotion	140,065.	87,514.	40,576.	11,975.
13 Office expenses	945,978.	850,003.	90,687.	5,288.
14 Information technology	1,482,304.	1,027,070.	446,233.	9,001.
15 Royalties				
16 Occupancy	3,728,721.	2,448,212.	1,279,030.	1,479.
17 Travel	3,777,215.	2,591,438.	872,344.	313,433.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,651,650.	3,204,731.	409,670.	37,249.
20 Interest	21,487.	369.	21,118.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	569,111.		569,111.	
23 Insurance	245,237.	47,277.	197,960.	
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	944,722.	941,667.	882.	2,173.
b EQUIPMENT REPAIRS & MAI	309,271.	221,120.	88,091.	60.
c DUES & SUBSCRIPTIONS	146,761.	31,018.	114,906.	837.
d ALLOCABLE MGT & GENERAL	0.	10,944,719.	-11,236,854.	292,135.
e All other expenses	350,826.	192,402.	159,670.	-1,246.
25 Total functional expenses. Add lines 1 through 24e	109,592,253.	105,695,159.	1,074,283.	2,822,811.
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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	350.	1	350.	
	2 Savings and temporary cash investments	30,070,264.	2	11,062,081.	
	3 Pledges and grants receivable, net	4,087,748.	3	4,028,553.	
	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	1,060,655.	9	1,058,841.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,464,941.			
	b Less: accumulated depreciation	10b 2,006,566.	661,023.	10c	3,458,375.
	11 Investments - publicly traded securities	3,116,741.	11	3,336,554.	
	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	8,804,751.	15	2,757,030.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	47,801,532.	16	25,701,784.		
Liabilities	17 Accounts payable and accrued expenses	6,378,733.	17	6,229,179.	
	18 Grants payable		18		
	19 Deferred revenue	38,082,587.	19	14,972,969.	
	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		23		
	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	0.	25	1,635,286.	
	26 Total liabilities. Add lines 17 through 25	44,461,320.	26	22,837,434.	
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	3,340,212.	27	2,864,350.	
	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	3,340,212.	33	2,864,350.		
34 Total liabilities and net assets/fund balances	47,801,532.	34	25,701,784.		

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	109,005,917.
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,592,253.
3	Revenue less expenses. Subtract line 2 from line 1	3	-586,336.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,340,212.
5	Net unrealized gains (losses) on investments	5	110,474.
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	2,864,350.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization <p align="center">PACT, INC.</p>	Employer identification number <p 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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	200,660,943.	190,605,522.	180,860,770.	144,211,893.	108,869,191.	825,208,319.
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	200,660,943.	190,605,522.	180,860,770.	144,211,893.	108,869,191.	825,208,319.
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)						25,964,168.
6 Public support. Subtract line 5 from line 4.						799,244,151.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	200,660,943.	190,605,522.	180,860,770.	144,211,893.	108,869,191.	825,208,319.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,992.	63,335.	31,734.	38,363.	85,523.	258,947.
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 IV.)	330,750.	96,111.	17,557.	1,376,653.	47,572.	1,868,643.
11 Total support. Add lines 7 through 10						827,335,909.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	96.60	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	96.34	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

OTHER INCOME

2009 AMOUNT: \$ 330,750.

2010 AMOUNT: \$ 96,111.

2011 AMOUNT: \$ 17,557.

2012 AMOUNT: \$ 1,376,653.

2013 AMOUNT: \$ 47,572.

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

2013

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2013)

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	<hr/> <hr/> <hr/>	\$ 85,319,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,414,274.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,434,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,986,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 2,651,946.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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	
(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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

PACT, INC.

Employer identification number

13-2702768

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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" to 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? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 in 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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" to 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		1,501,527.	317,671.	1,183,856.
d Equipment				
e Other		3,963,414.	1,688,895.	2,274,519.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,458,375.

Part VII Investments - Other Securities.

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

(a) Description	(b) Book value
(1) ADVANCES	2,365,008.
(2) SECURITY DEPOSITS	314,165.
(3) DUE FROM RELATED PARTY	77,857.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,757,030.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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	1,635,286.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,635,286.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	109,118,442.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	110,474.
b	Donated services and use of facilities	2b	2,051.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	112,525.
3	Subtract line 2e from line 1	3	109,005,917.
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	109,005,917.

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

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

1	Total expenses and losses per audited financial statements	1	109,594,304.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,051.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,051.
3	Subtract line 2e from line 1	3	109,592,253.
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	109,592,253.

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:

EXPLANATION: 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, 2014.

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 2011.

**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. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization PACT, INC.	Employer identification number 13-2702768
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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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	7	569	PROGRAM SERVICES	DEMOCRACY & GOVERNANCE PROGRAMS	497,638.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HIV/AIDS AND HEALTH PROGRAMS	420,362.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	6,685,208.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	NATURAL RESOURCES MANAGEMENT PROGRAMS	1,520,743.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		6,902,376.
RUSSIA & THE NEWLY INDEPENDENT STATES	4	37	PROGRAM SERVICES	NATURAL RESOURCES MANAGEMENT PROGRAMS	109,610.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	DEMOCRACY & GOVERNANCE PROGRAMS	1,916,521.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	HIV/AIDS AND HEALTH PROGRAMS	1,497,887.
3 a Sub-total	11	606			19,550,345.
b Total from continuation sheets to Part I	51	666			84,057,278.
c Totals (add lines 3a and 3b)	62	1272			103,607,623.

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

Schedule F (Form 990) 2013

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 & THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING		6,441,285.
SOUTH AMERICA	2	17	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	706,989.
SOUTH AMERICA	0	0	GRANTMAKING		332,326.
SOUTH ASIA	4	43	PROGRAM SERVICES	DEMOCRACY & GOVERNANCE PROGRAMS	1,960,921.
SOUTH ASIA	0	0	GRANTMAKING		2,575,743.
SUB-SAHARAN AFRICA	45	606	PROGRAM SERVICES	DEMOCRACY & GOVERNANCE PROGRAMS	8,145,305.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION PROGRAMS	3,761,739.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HIV/AIDS AND HEALTH PROGRAMS	16,321,792.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	2038380 - 07/20/15 08:50AM WORKSHEET SCHEDULE F	1,260,897.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	NATURAL RESOURCES MANAGEMENT PROGRAMS	545,447.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PEACEBUILDING PROGRAMS	1,859,671.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		40,145,163.
Totals	51	666			84,057,278.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	NATURAL RESOURCES MANAGEMENT PROGRAMS	464,168.		0.		
		EAST ASIA AND THE PACIFIC	LIVELIHOODS PROGRAMS	6,438,208.		0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	DEMOCRACY & GOVERNANCE PROGRAMS	2,931,782.		0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	HIV/AIDS AND HEALTH PROGRAMS	3,055,409.		0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	NATURAL RESOURCES MANAGEMENT PROGRAMS	454,094.		0.		
		SOUTH AMERICA	LIVELIHOODS PROGRAMS	332,326.		0.		
		SOUTH ASIA	DEMOCRACY & GOVERNANCE PROGRAMS	2,575,743.		0.		
		SUB-SAHARAN AFRICA	DEMOCRACY & GOVERNANCE PROGRAMS	8,022,935.		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 12

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)
		SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	2,980,958.		0.		
		SUB-SAHARAN AFRICA	HIV/AIDS AND HEALTH PROGRAMS	25,810,926.		0.		
		SUB-SAHARAN AFRICA	LIVELIHOODS PROGRAMS	668,403.		0.		
		SUB-SAHARAN AFRICA	NATURAL RESOURCES MANAGEMENT PROGRAMS	169,779.		0.		
		SUB-SAHARAN AFRICA	PEACEBUILDING PROGRAMS	2,492,162.		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 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)* 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

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.

PART I, LINE 2:

EXPLANATION: 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.

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.

PART I, LINE 3:

EXPLANATION: THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A

FOREIGN REGION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Name of the organization

PACT, INC.

Employer identification number

13-2702768

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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
PACT GLOBAL MICROFINANCE FUND 1828 L STREET, NW, STE 300 WASHINGTON, DC 20036	45-5008824	501(C)(3)	593,222.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**
- 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) (2013)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash 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:

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

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

Part IV Supplemental Information

III. PROCEDURE: THERE IS NOT A SINGLE METHOD FOR MONITORING SUBRECIPIENTS

OR ONE TEMPLATE BECAUSE PROJECTS VARY BY THEIR NATURE AND REQUIREMENTS.

MONITORING PLANS HAVE TO BE DEVELOPED SPECIFIC TO A GRANTS PROGRAM. A SOUND

MONITORING PLAN SHOULD CAPTURE THE PROGRESS MADE TO ACCOMPLISH THE

OBJECTIVES FOR WHICH THE AWARD WAS MADE. HOWEVER, THERE ARE CERTAIN COMMON

ELEMENTS THAT COMPRISE GOOD MONITORING PLANS. THESE ARE:

1. PERFORMANCE REPORTS - THE TERMS AND CONDITIONS OF THE AWARD TO THE

SUBRECIPIENT WILL PRESCRIBE THE FREQUENCY WITH WHICH PERFORMANCE REPORTS

SHALL BE SUBMITTED. THEY WILL NOT BE REQUIRED MORE FREQUENTLY THAN

QUARTERLY OR LESS FREQUENTLY THAN ANNUALLY. THEY SHOULD GENERALLY CONTAIN:

(A) A COMPARISON OF ACTUAL ACCOMPLISHMENTS WITH THE GOALS AND OBJECTIVES

ESTABLISHED FOR THE PERIOD AND (B) REASONS WHY ESTABLISHED GOALS WERE NOT

MET, IF THEY WERE NOT MET. REPORTS SHOULD ALSO DESCRIBE PROBLEMS, DELAYS,

OR ADVERSE CONDITIONS WHICH MATERIALLY IMPAIR THE ABILITY TO MEET THE

OBJECTIVES OF THE AWARD AND INCLUDE A STATEMENT OF THE ACTION TAKEN OR

CONTEMPLATED, AND ANY ASSISTANCE NEEDED TO RESOLVE THE SITUATION.

2. FINANCIAL REPORTS - THE TYPE AND FREQUENCY OF REPORTING REQUIRED WILL BE

ESTABLISHED IN THE AWARD. NORMALLY, THE FINANCIAL REPORT SHALL NOT BE

REQUIRED MORE FREQUENTLY THAN QUARTERLY BUT SUBRECIPIENTS THAT HAVE BEEN

DETERMINED TO BE "AT RISK" MAY BE REQUIRED TO SUBMIT MONTHLY FINANCIAL

REPORTS.

3. SITE VISITS - TO REVIEW FINANCIAL AND PROGRAMMATIC RECORDS AND OBSERVE

OPERATIONS. NEW SUBRECIPIENTS AND THOSE OTHERWISE CONSIDERED HIGHER-RISK

MAY REQUIRE CLOSER MONITORING.

Part IV Supplemental Information

4. AGREED-UPON PROCEDURES ENGAGEMENTS - THESE MAY BE ARRANGED FOR CERTAIN

ASPECTS OF SUBRECIPIENT ACTIVITIES AND/OR COMPLIANCE AREAS TO BE TESTED

SUCH AS INTERNAL CONTROLS, USE OF USAID FUNDS FOR AUTHORIZED PURPOSES

(ACTIVITIES ALLOWED OR UNALLOWED), ALLOWABLE COSTS/COST PRINCIPLES, COST

SHARING, AND SPECIAL AWARD CONDITIONS.

V. AUDIT OF SUBRECIPIENTS

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

PACT, INC.

Employer identification number

13-2702768

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., maid, chauffeur, chef)									
<p>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</p>	X									
<p>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 in line 1a?</p>	X									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
		X								
		X								
		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>										
		X								
		X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>										
		X								
		X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X								
<p>8 Were any amounts reported in 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</p>		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

Schedule J (Form 990) 2013

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 in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARK VISO BOARD MEMBER & CEO	(i)	293,353.	32,500.	4,131.	31,525.	15,614.	377,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILLIAM WARSHAUER COO/SECRETARY	(i)	227,492.	34,100.	4,391.	22,514.	15,614.	304,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LEONARD WILLIAMS CFO/TREASURER	(i)	233,497.	15,000.	1,778.	30,449.	12,960.	293,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GRAHAM WOOD VP - PROGRAM ADVANCEMENT	(i)	162,780.	6,454.	37,310.	21,475.	11,054.	239,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LESLIE MITCHELL COUNTRY REP - ETHIOPIA	(i)	129,849.	5,059.	122,963.	17,228.	15,022.	290,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERICA TUBBS DEP COP	(i)	96,682.	3,823.	68,721.	12,728.	14,938.	196,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MATTHEW TIEDEMANN CHIEF OF PARTY	(i)	131,721.	5,236.	123,289.	17,192.	14,974.	292,412.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KURT MACLEOD VP PROGRAM DELIVERY	(i)	172,938.	6,879.	31,730.	22,545.	11,054.	245,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CASSANDRA CRAVENS DEP COP	(i)	94,962.	3,781.	97,460.	12,448.	14,944.	223,595.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SAMSON RADENY CHIEF OF PARTY	(i)	104,390.	4,175.	103,101.	8,422.	14,974.	235,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SUZANNE REXING VICE PRESIDENT, OPPORTUNITY DEVELOP	(i)	193,731.	19,367.	722.	17,091.	5,661.	236,572.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JEANNIE M. ZIELINSKY REGIONAL VP	(i)	162,249.	6,468.	999.	21,198.	15,614.	206,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOHN WHALEN PRESIDENT, PACT INSTITUTE	(i)	201,535.	20,000.	2,543.	21,183.	15,614.	260,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SEAN MOOD SR. VP	(i)	185,784.	12,050.	1,191.	16,414.	15,566.	231,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TODD MALONE COUNTRY DIRECTOR- TANZANIA	(i)	109,194.	4,389.	139,583.	14,259.	14,944.	282,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) AMANDA CHILDRESS COUNTRY DIRECTOR- MADAGASCAR	(i)	109,311.	4,344.	103,953.	9,663.	14,938.	242,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) CASIMIR CHIPERE SR. TECHNICAL ADVISOR	(i)	80,650.	3,296.	126,783.	9,918.	14,974.	235,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) STEPHANIE POSNER COUNTRY DIRECTOR-NAMIBIA	(i)	132,058.	5,288.	58,347.	17,246.	14,944.	227,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) LUCY KIEKEBUSC-STEINETZ DEP COP/TECHNICAL ADV	(i)	116,220.	4,631.	69,569.	9,365.	15,280.	215,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

EXPLANATION: THE FOLLOWING EMPLOYEES RECEIVED HOUSING ALLOWANCE, WHICH IS

TAXABLE.

GRAHAM WOOD: \$31,734

LESLIE MITCHELL: \$37,310

ERICA RUBBS: \$37,949

MATHEW TIEDEMANN: \$59,731

KURT MACLEOD: \$27,560

CASSANDRA CRAVENS: \$28,713

SAMSON RADENY: \$24,831

TODD MALONE: \$75,012

AMANDA CHILDRESS \$41,369

CASIMIR CHIPERE: \$59,040

STEPHANIE POSNER: \$35,804

LUCY KIEKEBUSC-STEINETZ: \$21,120

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

2013

**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:

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:

AND TRANSFORMING MARKETS INTO A FORCE FOR DEVELOPMENT.

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

PARENTING SKILLS AND LINKING FAMILIES TO LOCALLY AVAILABLE SERVICES TO

BUILD RESILIENCY. CHILDREN RECEIVE HEALTH, NUTRITION, EDUCATION AND

PSYCHOSOCIAL SERVICES WHILE PARENTS AND GUARDIANS RECEIVE TRAINING IN

PARENTING SKILLS, GARDENING, MICRO-ENTERPRISE DEVELOPMENT AND EARLY

CHILDHOOD DEVELOPMENT. OLDER CHILDREN ALSO RECEIVE VOCATIONAL SKILLS

TRAINING. OVER TIME, PROGRAM HOUSEHOLDS CATEGORIZED AS "DESTITUTE"

PROGRESS TO "STRUGGLING" AND THEN "GROWING." WITH A SYSTEMS-DEVELOPMENT

APPROACH, YEKOKEB BERHAN HAS SUPPORTED COMMUNITY CHILD DEVELOPMENT

CENTERS, TRAINED TEACHERS AND CHILD DEVELOPMENT STAFF, AND BUILT THE

CAPACITY OF LOCAL SERVICE AND GOVERNMENT ORGANIZATIONS.

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

SERVICES TO TENS OF THOUSANDS; INCREASED THE PERCENTAGE OF WOMEN WHO

GIVE BIRTH WITH A SKILLED BIRTH ATTENDANT; PROVIDED WIDE-RANGING

HYGIENE TRAINING TO STEM THE SPREAD OF DISEASE; IMPROVED POTABLE WATER

ACCESS BY HELPING COMMUNITIES IDENTIFY AND PRIORITIZE THEIR WATER NEEDS

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization PACT, INC.	Employer identification number 13-2702768
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AND BUILD AND MAINTAIN THE INFRASTRUCTURE; DISTRIBUTED TENS OF THOUSANDS OF HOUSEHOLD SAFE WATER SYSTEMS; PROVIDED FINANCIAL LITERACY TRAINING TO TENS OF THOUSANDS OF PEOPLE; HELPED TENS OF THOUSANDS ACCESS FAIR FINANCIAL SERVICES, NAMELY CREDIT THAT THEY HAVE USED TO INCREASE THEIR INCOME; AND EXPANDED THE USE OF IMPROVED AGRICULTURE PRACTICES.

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

100,000 CHILDREN WITH KEY SERVICES AND MORE THAN 40,000 HOUSEHOLDS WITH ECONOMIC STRENGTHENING; STRENGTHENED THE CAPACITY OF LOCAL AUTHORITIES AND COMMUNITY ORGANIZATIONS TO MANAGE SERVICES FOR VULNERABLE CHILDREN IN THEIR REGION; COLLABORATED WITH THE PUBLIC AND PRIVATE SECTOR TO INCREASE TECHNICAL, FINANCIAL AND MATERIAL SUPPORT FOR VULNERABLE CHILDREN; AND FORMED TRAINED VULNERABLE-CHILDREN COMMITTEES AND DISTRICT CHILD PROTECTION TEAMS.

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

OTHER PROGRAMS

EXPENSES \$ 69,484,055. INCLUDING GRANTS OF \$ 34,176,941. 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

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

EXPLANATION: THE ORGANIZATION'S BYLAWS WERE AMENDED IN DECEMBER 2013 TO MAKE A NUMBER OF PREDOMINANTLY ADMINISTRATIVE CHANGES: IT FORMALIZED THE REQUIREMENT THAT PACT SHALL DESIGNATE AND MAINTAIN A REGISTERED AGENT IN THE DISTRICT OF COLUMBIA. THE PRESIDENT & CEO OF PACT IS NOW A MEMBER OF THE BOARD. ADMINISTRATIVE CHANGES TO BOARD MEETING SCHEDULE, REQUIRING AN ANNUAL MEETING AND A BIENNIAL BOARD ELECTION MEETING, AND MODIFYING THE WAY BOARD MEMBER TERMS WORK SO THAT TERMS END AT BIENNIAL ELECTION MEETINGS. ADMINISTRATIVE CHANGES WERE MADE TO MEETING NOTICE REQUIREMENTS, AND TO THE CONDUCT OF BUSINESS BETWEEN BOARD MEETINGS. CHAIR AND CHAIR-ELECT TERMS WERE MODIFIED; MEMBERS SERVING AS CHAIR AND CHAIR-ELECT ARE NOT SUBJECT TO THE TERM LIMITS IN THE BY-LAWS. THE TYPES OF COMMITTEES OF THE BOARD HAVE BEEN MODIFIED TO REFLECT CURRENT ORGANIZATIONAL NEEDS. COMMITTEE PROCEDURES HAVE BEEN OUTLINED AND CLARIFIED.

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

EXPLANATION: 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. ONCE THE CFO IS SATISFIED, THE RETURN IS SIGNED AND PREPARED FOR FILING.

PACT'S 990 IS 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:

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EXPLANATION: 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 ACKNOWLEDGEMENT FORM ANNUALLY, IN CONNECTION WITH THE

BOARD'S APRIL MEETING EACH YEAR.

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

EXPLANATION: 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

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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
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:

EXPLANATION: 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.

Name of the organization
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FORM 990, PART XII, LINE 2C

EXPLANATION: 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

EXPLANATION: 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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

PACT, INC.

Employer identification number

13-2702768

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PACT INSTITUTE - 52-2131854 1828 L STREET, NW, STE 300 WASHINGTON, DC 20036	RESEARCH	DISTRICT OF COLUMBIA	501(C)(3)	LINE 11A, I	PACT, INC	X	
PACT GLOBAL MICROFINANCE FUND - 45-5008824 1828 L STREET, NW, STE 300 WASHINGTON, DC 20036	OPERATE MICROFINANCE PROGRAMS	DELAWARE	501(C)(3)	LINE 11A, I	PACT, INC	X	

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

Schedule R (Form 990) 2013

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PACT GLOBAL MICROFINANCE FUND	B	593,222	CASH
(2) PACT INSTITUTE	L	875,000	CASH
(3) PACT GLOBAL MICROFINANCE FUND	L	1,108,000	CASH
(4) PACT INSTITUTE	Q	7,009,310	CASH
(5) PACT GLOBAL MICROFINANCE FUND	Q	552,202	CASH
(6)			

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	FURNITURE AND EQUIPMENT	VARIOUS	SL	7.00		16	947,728.				947,728.	234,694.		129,705.	364,399.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						947,728.				947,728.	234,694.		129,705.	364,399.
	OTHER														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00		16	1,501,527.				1,501,527.	138,921.		178,750.	317,671.
3	COMPUTER SOFTWARE	VARIOUS	SL	3.00		16	1,388,211.				1,388,211.	1,117,947.		206,549.	1,324,496.
4	WORK IN PROCESS	VARIOUS	SL	15.00		16	1,627,475.				1,627,475.			0.	
	* 990 PAGE 10 TOTAL OTHER						4,517,213.				4,517,213.	1,256,868.		385,299.	1,642,167.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,464,941.				5,464,941.	1,491,562.		515,004.	2,006,566.