Return of Organization Exempt From Income Tax

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2022 calendar year, or tax year beginning and	enaing		
	heck if	C Name of organization		D Employer identifie	cation number
	Addre			_	
	Name chang	Doing business as		46-30830	14
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/		500	(202)332	
	termin ated			G Gross receipts \$	1,076,717.
	Ameno	WASHINGTON, DC 20037		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: UOTIN SEAGER		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ΙT	ax-ex	empt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1)	or 🔲 527	If "No," attach a	list. See instructions
_	Vebsit			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2013 N	N State of legal domicile: DC
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: SEE	PART I	II, LINE 1.	
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	eets
Į.				3	5
છ		Number of independent voting members of the governing body (Part VI, line 1b)			5
∞ ∞		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
Ė		Total number of volunteers (estimate if necessary)			32
頁		`		7a	0.
إ≽		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		The difference business takes income from the fire over 1,1 art 1, into 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,100,851.	1,076,717.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
ĕ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		100.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,100,951.	1,076,717.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
,,		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		942,818.	852,331.
Se		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 195, 00	08.		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		545,981.	601,315.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,488,799.	1,458,646.
		Revenue less expenses. Subtract line 18 from line 12		-387,848.	-381,929.
28				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		873,182.	1,153,054.
Ass	21	Total liabilities (Part X, line 26)		1,481,774.	2,143,575.
Ħ,	22	Net assets or fund balances. Subtract line 21 from line 20		-608,592.	-990,521.
	rt II	Signature Block	·		
Jnde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sigr	1	Signature of officer		Date	
Here	е	JOHN SEAGER, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		RICHARD J. LOCASTRO, CPA		self-employ	
rep	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN 5	2-1392008
Jse	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. 30	<u>1-951-9090</u>
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO EDUCATE THE AMERICAN PEOPLE AND ADVOCATE PROGRESSIVE ACTION TO
	STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAINED BY EARTH'S
	RESOURCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
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 \$502,469 • including grants of \$) (Revenue \$)
	FIELD & OUTREACH: TO ASSIST POPULATION CONNECTION ACTION FUND ACTIVISTS
	NATIONWIDE IN BUILDING AND SUSTAINING STATE AND LOCAL EDUCATIONAL,
	MEDIA AND LOBBYING EFFORTS ON BEHALF OF POPULATION CONNECTION ACTION
	FUND THROUGH ORGANIZING AND PROVIDING TRAINING, TECHNICAL ASSISTANCE
	AND FUNDING. REPRESENT POPULATION CONNECTION ACTION FUND IN COALITIONS
	FOCUSED ON GRASSROOTS ACTION AND AT PUBLIC PRESENTATIONS AND
	EXHIBITIONS AS NEEDED. TO PUT PRESSURE ON ELECTED OFFICIALS AND
	CANDIDATES FOR OFFICE TO SUPPORT INTERNATIONAL FAMILY PLANNING, AND TO WORK TO ELECT CANDIDATES WHO WILL ADVANCE PRO INTERNATIONAL FAMILY
	PLANNING AND REPRODUCTIVE HEALTH POLICY ONCE IN OFFICE. 2022 HIGHLIGHTS
	INCLUDE: OUR ANNUAL CAPITOL HILL DAYS ADVOCACY EVENT. WE HOSTED 47
	ACTIVISTS FOR THE VIRTUAL EVENT, WHO ATTENDED A VARIETY OF SESSIONS
4b	(Code:) (Expenses \$ 374,064 · including grants of \$) (Revenue \$)
40	COMMUNICATIONS: OUR COMMUNICATIONS STAFF ATTENDED THE INTERNATIONAL
	CONFERENCE ON FAMILY PLANNING IN THAILAND IN NOVEMBER 2022, WHERE WE
	HOSTED AN EXHIBIT BOOTH AND SHARED INFORMATION ABOUT OUR ORGANIZATION
	AND ABOUT DEMOGRAPHY AND ITS RELATIONSHIP TO REPRODUCTIVE HEALTH WITH
	OTHER CONFERENCE ATTENDEES. WE PUBLISHED PRINT AND ONLINE VERSIONS OF
	OUR CONGRESSIONAL REPORT CARD, WHICH TRACKED THE REPRODUCTIVE HEALTH
	VOTES MADE BY EVERY MEMBER OF CONGRESS IN 2022. OUR SOCIAL MEDIA
	OUTREACH AND ENGAGEMENT ON FACEBOOK, TWITTER, AND INSTAGRAM ALLOWED US
	TO CONNECT WITH SUPPORTERS AND WITH MEMBERS OF CONGRESS AND LIKEMINDED
	ORGANIZATIONS.
	0.44_0.45
4c	
	GOVERNMENT RELATIONS: WE WORKED TO PROMOTE THE GLOBAL HEALTH,
	EMPOWERMENT AND RIGHTS (HER) ACT TO PREVENT A FUTURE PRESIDENT FROM
	REIMPOSING THE GLOBAL GAG RULE; WE WORKED TO INCREASE US INVESTMENT IN FAMILY PLANNING AND REPRODUCTIVE HEALTH PROGRAMS AROUND THE WORLD; WE
	WORKED TO RESTORE AID TO THE UNITED NATIONS POPULATION FUND (UNFPA); WE
	SUPPORTED LEGISLATION TO PROTECT AMERICAN WOMEN'S ACCESS TO
	REPRODUCTIVE HEALTH CARE, INCLUDING SAFE ABORTION; WE WORKED TO
	INCREASE FUNDING FOR THE TITLE X DOMESTIC FAMILY PLANNING PROGRAM; WE
	WORKED TO EDUCATE CANDIDATES FOR FEDERAL OFFICE ON THE NEED FOR REAL
	INVESTMENT IN COMPREHENSIVE REPRODUCTIVE HEALTH CARE ACROSS THE UNITED
	STATES AND AROUND THE WORLD; WE WORKED TO PROMOTE THE ABORTION IS
	HEALTHCARE EVERYWHERE ACT TO REPEAL HELMS AMENDMENT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 75,093 • including grants of \$) (Revenue \$)
4e	Total program service expenses 1,196,541.

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2022) POPULATION CONNECTION ACTION FUND 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)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	N/	A
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2022) POPULATION CONNECTION ACTION FUND
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		NT /	7
o=	If "Yes," complete Schedule R, Part V, line 2	36	N/	A.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	¥ 12-13-22	Form	990	(2022)

Form 990 (2022) POPULATION CONNECTION ACTION FUND

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

	- Continuous		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c). N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
† ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	Ŭ		
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
р	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans The the amount of receives an head			
	Enter the amount of reserves on hand Did the experience on appropriate process of the experience of t	110		
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
.5	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	5]		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	100	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21	
C	,	12c	х	
13	on Schedule O how this was done	13	X	
14		14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	17		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process on 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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOHN SEAGER - (202)332-2200			
	2120 L STREET, NW, SUITE 500, WASHINGTON, DC 20037			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson is	s both	n an	compensation	compensation	amount of
	week	—	T an		lecto	i / ii us	(66)	from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	lust	JJU 0	Key	E Hig	For			
(1) JOHN SEAGER	5.40	_		l					244 422	00 504
PRESIDENT & CEO	32.10		<u> </u>	Х		_		0.	311,130.	28,584.
(2) MARIA OROZCO	2.87	1				,,			001 700	21 026
VP OF ADMIN. & MEMB SERVCS/CFO	34.63	_	_			Х		0.	221,790.	31,036.
(3) BRIAN DIXON	21.37	1				3,7			227 045	20 400
SR. VP FOR MEDIA & GOV. RELATIONS	16.13		┝			Х		0.	227,045.	20,400.
(4) SHAUNA SCHERER	2.66	-				X		0.	210 /15	22 260
VP FOR MARKETING & DEVELOPMENT (5) MARIAN STARKEY	3.60		┢			^		0.	218,415.	22,268.
VP FOR COMMUNICATIONS	33.90	1				X		0.	172,783.	22,848.
(6) BOB MUSIL	1.00					^		0.	1/2,/03.	22,040.
CHAIR (UNTIL 6/2022)	0.00	Х		Х				0.	0.	0.
(7) DONNA CRANE	1.00		\vdash					•	•	•
SECRETARY (UNTIL 6/2022)	0.00	х		x				0.	0.	0.
(8) CAROL ANN KELL	1.00	 							•	
TREASURER (UNTIL 6/2022)	0.00	Х		х				0.	0.	0.
(9) DARA E. PURVIS	1.00									
BD. MEM. THEN CHAIR (TRANS 6/2022)	2.00	Х		Х				0.	0.	0.
(10) STACEY YOUNG	1.00									
BD. MEM. THEN SEC. (TRANS 6/2022)	0.00	Х		Х				0.	0.	0.
(11) AARON S. ALLEN	1.00									
BOARD MEMBER (FROM 10/2022)	2.00	Х						0.	0.	0.
(12) KERRY HAYNIE	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) ALEXANDRA BEHETTE	1.00									_
BOARD MEMBER (FROM 10/2022)	0.00	Х						0.	0.	0.
		1								
		<u> </u>	<u> </u>			_				
		4								
		-	-							
		-								
		-	\vdash							
		1								
-		<u> </u>	<u> </u>	<u> </u>	<u> </u>					= 000 (acce)

Form 990 (2022) POPULATIO	ON CONNE	CT	IO	N .	AC	TI	ON	FUND	46-3	083014	Page 8
Part VII Section A. Officers, Directors, Trus		oloye	es,			ghes	t Co		s (continued)		
(A) Name and title	(B) Average hours per week	box,	not cl unles	ss per	tion nore t son is	than o s both r/truste	an	(D) Reportable compensation from	(E) Reportable compensatio	Esti	(F) imated ount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/ fro orga and	ensation m the nization related nizations
1b Subtotal c Total from continuation sheets to Part VI								0.	1,151,10	63. 125 0.	,136.
d Total (add lines 1b and 1c)								0.	1,151,16		,136.
Total number of individuals (including but n compensation from the organization	ot iimited to tri	ose	iiste	u ab	ove) WHO	o re	ceived more than \$100,	000 of reportable	T	0 Yes No
3 Did the organization list any former officer,	*		•		•		_	·	•		X
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	ım of reportabl	е со	mpe	ensat	tion	and	oth	er compensation from t	he organization		X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com-	ccrue comper	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services		X
Section B. Independent Contractors	•			•							•
Complete this table for your five highest co the organization. Report compensation for	•	•						the organization's tax y	, ,	'	
(A) Name and business	address	NC	NE	3				(B) Description of s	ervices	(C) Compen	
							_				
							\dashv				
							+				
							\dashv				
2 Total number of independent contractors (ii	•	ot lim	nitec	d to t	_		ted	above) who received mo	ore than		
\$100,000 of compensation from the organization	zation				0	,				Form 9	90 (2022)

rt VIII Statement of Reve	nue
-----------------------------	-----

			Check if Schedule O contain	ns a response	or note to any lin	ne in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1		Federated campaigns	1a					
ant	•		Membership dues			-			
S S			Fundraising events			1			
fts,			Related organizations		975,000.	-			
Contributions, Gifts, Grants and Other Similar Amounts					213,000.	-			
ons,			Government grants (contribution			-			
utio er (T	All other contributions, gifts, grants,	l I	101 717				
ĕŧ			similar amounts not included above		101,717.	-			
ont		•	Noncash contributions included in lines 1a-			1 076 717			
<u>0</u> 8		n	Total. Add lines 1a-1f			1,076,717.			
					Business Code				
ce	2	? a							
ervi		b							
S		С							
Program Service Revenue		d							
.0g		е							
<u>a</u>		f	All other program service revenu	ле					
		g	Total. Add lines 2a-2f						
	3	3	Investment income (including di	vidends, intere	st, and				
			other similar amounts)						
	4	ŀ	Income from investment of tax-e						
	5	5	Royalties						
				(i) Real	(ii) Personal				
	6	a	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a			-			
		b	Less: cost or other basis						
<u>o</u>		_	and sales expenses 7b						
her Revenue		c	Gain or (loss) 7c						
ě			Net gain or (loss)		l				
౼	Ω		Gross income from fundraising ever	I					
Ğ.	Ü	, u	including \$	•					
			contributions reported on line 10						
			Part IV, line 18	<i>'</i>					
		h	Less: direct expenses			-			
			Net income or (loss) from fundra						
	٥		Gross income from gaming activ	-					
	9	, a	Part IV, line 19	I					
		h	Less: direct expenses			-			
	40		Net income or (loss) from gamin	-					
	10	a	Gross sales of inventory, less re						
			and allowances			-			
			Less: cost of goods sold						
_		С	Net income or (loss) from sales	of inventory					
જ					Business Code				
Miscellaneous Revenue	11								
lan en		b				1			
Sel Sev		С				1			
Mis			All other revenue						
			Total. Add lines 11a-11d			1 000 515			
	12	2	Total revenue. See instructions			1,076,717.	0.	0.	0.

232009 12-13-22

Form 990 (2022) POPULATION CONNECTION ACTION FUND 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).	
--	--

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	his Part IX(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	САРСПЗСЗ
	and domestic governments. See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to domestic	,	.,		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	47,560.	37,572.	2,854.	7,13
3	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	644,167.	514,915.	35,239.	94,01
3	Pension plan accruals and contributions (include		,,,,,,,	55,255	2 = 7 0 = 1
,	section 401(k) and 403(b) employer contributions)	37,114.	29,926.	2 029	5 15
9	Other employee benefits	72,068.	58,111.	2,029. 3,939.	5,15 10,01
,)	Payroll taxes	51,422.	41,080.	2,758.	7,58
		JI, 422 •	41,000.	2,750*	7,50
1	Fees for services (nonemployees):				
a	Management	3,972.	3,350.	151.	47
b	Legal	77,847.	62,997.	3,838.	11,01
C	Accounting	11,041.	02,331.	3,030.	11,01
	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,	141 560	120 260	104	0 00
	column (A), amount, list line 11g expenses on Sch 0.)	141,562.	132,369.	104.	9,08
2	Advertising and promotion	11 702	10 267	400	1 10
3	Office expenses	11,793.	10,267.	406.	1,12
1	Information technology	87,398.	75,640.	57.	11,70
5	Royalties	10,028.	8,859.	2 560	1,16
)	Occupancy	59,612.	45,349.	3,568.	10,69
7	Travel	19,378.	19,378.		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,868.	3,214.	164.	49
)	Interest	1,832.	1,478.	92.	26
ı	Payments to affiliates				
2	Depreciation, depletion, and amortization	20,870.	16,809.	1,128.	2,93
}	Insurance	21,667.	17,446.	1,180.	3,04
•	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PRINTING AND PRODUCTION	62,890.	56,202.	187.	6,50
b	POSTAGE AND DELIVERY	34,292.	29,598.	90.	4,60
C	SERVICE CHARGES	21,311.	10,771.	9,135.	1,40
d	SUBSCRIPTIONS	8,079.	7,298.	167.	61
	All other expenses	14,916.	8,912.	11.	5,99
		1,458,646.	1,196,541.	67,097.	195,00
<u>. </u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	±, ±30,0±0•	<u> </u>	01,0010	175,00
•					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)	171,944.	121,312.	0.	50,63
	Trick Hore A Introllowing SOP 98-2 (ASC 958-720)	1/1/J44·	141,314.	U •	Form 990 (20

Form 990 (2022)
Part X Balance Sheet

Pai	t X	Balance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		540,685.	1	780,336
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	B		51,225.	9	45,042
	10a	Land, buildings, and equipment: cost or other	·			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	281,272.	15	327,676	
	16	Total assets. Add lines 1 through 15 (must e	873,182.	16	1,153,054	
	17	Accounts payable and accrued expenses	38,401.	17	63,471	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
က္အ	22	Loans and other payables to any current or fo	rmer officer, director,			
litie		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the		22		
ן ב	23	Secured mortgages and notes payable to unr	elated third parties		23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D		1,443,373.		2,080,104
	26	Total liabilities. Add lines 17 through 25		1,481,774.	26	2,143,575
		Organizations that follow FASB ASC 958, c	heck here X			
Ses		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		-608,592.	27	-990,521
Ba	28	Net assets with donor restrictions	······································		28	
pur		Organizations that do not follow FASB ASC	958, check here			
딘		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current fund	ds		29	
set	30	Paid-in or capital surplus, or land, building, or	equipment fund		30	
Ys	31	Retained earnings, endowment, accumulated	income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		-608,592.	32	-990,521
	33	Total liabilities and net assets/fund balances		873,182.	33	1,153,054

Pa	rt 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	1,076		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,458	3,6	46.
3	Revenue less expenses. Subtract line 2 from line 1	3	-381	L,9	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-608	3,5	92.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-99(), <u>5</u>	<u>21.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3 a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	Щ_
			Form	990	(2022)

232012 12-13-22

Schedule B

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

POPULATION CONNECTION ACTION FUND 46-3083014 Organization type (check one): Filers of: Section: X 501(c)(4) (enter number) organization Form 990 or 990-EZ 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page 2

Name of organization Employer identification number

POPULATION CONNECTION ACTION FUND

46-3083014

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

POPULATION CONNECTION ACTION FUND

46-3083014

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223453 11-15	00		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization **Employer identification number** POPULATION CONNECTION ACTION FUND 46-3083014 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

223454 11-15-22

Schedule B (Form 990) (2022)

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

POPULATION CONNECTION ACTION FUND

Employer identification number 46-3083014

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or Ac	counts. Complete if the
	, , , , _{, , , , , , , , , , , , , , ,}	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributi	on in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and not	on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ten	minated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	n, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservatio	n easements during the year
_	 			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	rcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements (of section 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		
9	In Part XIII, describe how the organization reports conservation			
Ū	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o m	idioidi otatoriiorito tri	at describes the
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treas	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958		ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance	•		
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea-			provide
_	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

232051 09-01-22

	t III Organizations Maintaining Co	ollections of Art				r Othe	r Sin	nilar		Conti		age 🚄
3	Using the organization's acquisition, accessio									COITUI	iueu)	
3	collection items (check all that apply):	ii, and other records	s, crieck	ally of the i	ioliowing tha	it make s	ngriiic	ant us	e or its			
_	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			l aan ar ava								
a	Public exhibition	d			hange progr							
b	Scholarly research	е		Other								
C	Preservation for future generations	la altana ana la analata		6 41 41-					i Dest	N/III		
4	Provide a description of the organization's col								e in Part	XIII.		
5	During the year, did the organization solicit or									٦.,		٦.,
Dai	to be sold to raise funds rather than to be mai									Yes		<u>No</u>
ı aı	reported an amount on Form 990, Part		ete ii the	organizatio	n answered	Yes or	1 FORT	1990,	Part IV, I	ine 9, or		
		•	ion, for	antribution.	0 0 × 0 th 0 × 00	aata nat	inalus	lad.				
ıa	Is the organization an agent, trustee, custodia									7 ٧		l Na
	on Form 990, Part X?								∟	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	na complete the fol	iowing t	able:			Г			Amoun	+	
_	Designing belongs						\vdash	4 -		Amoun		
C	Beginning balance						—	1c				
	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f		7 ٧	$\overline{}$	7
	Did the organization include an amount on Fo						•			Yes	H	」No □
	If "Yes," explain the arrangement in Part XIII. (TO Endowment Funds. Complete if											
ı uı	Endowment Funds: Complete II	(a) Current year		rior year	(c) Two year			araa ya	ars back	(e) Fou	r veare	hack
4.	Parimina of war halana	(a) Ourrent year	(6) 1	noi yeai	(C) TWO you	li 3 Dack	(u) 11	пос ус	ars back	(e) i ou	yours	Dack
1a	Beginning of year balance											
b	Contributions											
С.	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	•	e (line 1g	g, column (a))) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С	Term endowment	-										
	The percentages on lines 2a, 2b, and 2c shou	•										
3a	Are there endowment funds not in the posses	sion of the organiza	tion tha	t are held ar	nd administe	red for th	ne			ĺ	7.	
	organization by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat									3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.								
Pai	t VI Land, Buildings, and Equipme							_				
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990), Part X,	, line 1	0.				
	Description of property	(a) Cost or o			or other			ulated	i	(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	de	precia	ation				
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
е	Other											
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990 Part	X colum	n (R) line 1	Oc.)							0.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	POPULATION	CONNECTION	ACTION	I FUND	46-3083014 Page 3
Part VII	Investments -	Other Securities.				
	Complete if the org	ganization answered "Yes"	on Form 990, Part IV	′, line 11b. S	ee Form 990, Part	X, line 12.
(a) Descrip	otion of security or cate	gory (including name of security)	(b) Book value	(0) Method of valuat	tion: Cost or end-of-year market value
(1) Financi	al derivatives					
. ,		S				
(3) Other	mora oquity interesti					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	(h) must squal Form 00	O Dort V and (D) line 12)				
Part VIII	I Investments -	0, Part X, col. (B) line 12.) Program Related.	<u> </u>			
i dit viii	_	ganization answered "Yes"	on Form 990 Part IV	/ line 11c Sc	e Form 990 Part	Y line 13
	(a) Description of		(b) Book value			tion: Cost or end-of-year market value
	(a) Description o	i iiivestiiieiit	(b) Book value	- 10	, wethou of valuat	tion. Gost of end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	(b) must equal Form 99 Other Assets.	0, Part X, col. (B) line 13.)				
Partix	J.		F 000 D-+ N	/ 15 44-L O	F 000 B1	V. Para de
	Complete if the org	ganization answered "Yes"		, line 11d. Se	ee Form 990, Part	
	II IDOM DOD		Description			(b) Book value
		PULATION CONNE	CTION			326,415.
	JE FROM REL	ATED ENTITIES				1,261.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	ımn (b) must equal F	orm 990, Part X, col. (B) line	e 15.)			327,676.
Part X	Other Liabilitie					
		ganization answered "Yes"	on Form 990, Part IV	, line 11e or	11f. See Form 990	·
<u>1</u>	(a) D	Description of liability				(b) Book value
	deral income taxes					
		ATION CONNECT				2,006,389.
(3) LC	OAN FROM PO	PULATION CONN	ECTION			73,715.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total (C-1)	(/5)	iarm 000 Part V and (P) lin	- 05 \			2.080.104.

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

Schedule D (Form 990) 2022

	edule D (Form 990) 2022 POPULATION CONNECTION ACTION FUND		3083014 Page
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With I	Revenue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,076,717.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
С			
d			
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1		1,076,717.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,
а			
	Other (Describe in Part XIII.) 4b		
	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		1,076,717.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
_			1,458,646.
1	Total expenses and losses per audited financial statements	1	1,430,040
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а			
b	, , ,		
С			
d	, , , , , , , , , , , , , , , , , , , ,		0
е	Add lines 2a through 2d		1 450 646
3	Subtract line 2e from line 1	3	1,458,646.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	, , , , , , , , , , , , , , , , , , , ,		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,458,646.
Pai	rt XIII Supplemental Information.		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		X, line 2; Part XI,
PAF	RT X, LINE 2:		
FOE	R THE YEAR ENDED DECEMBER 31, 2022, THE ORGANIZAT	TIONS HAVE DOC	UMENTED
ГНЕ	EIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXE	ES, THAT PROVI	DES
GU]	IDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES	AND HAS DETER	MINED THAT
	MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EIT		
			ON OR
DIS	SCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS	5.	

Schedule D (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

POPULATION CONNECTION ACTION FUND

 $Employer\ identification\ number \\ 46-3083014$

Pa	art I Questions Regarding Compensation			
		[Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1 11 504/ V0) 504/ V4) 1504/ V00) 11 11 11 15 15 0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6				
_	contingent on the net earnings of:	C-		Х
	The organization?	6a		X
O	Any related organization?	6b		Λ
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
۰	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-23
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
0		0		-25
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ש		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	benefits (B)(i)-(D)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JOHN SEAGER	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT & CEO	(ii)	286,130.	25,000.	0.	9,567.	19,017.	339,714.	0.	
(2) MARIA OROZCO	(i)	0.	0.	0.	0.	0.	0.	0.	
VP OF ADMIN. & MEMB SERVCS/CFO	(ii)	201,790.	20,000.	0.	12,129.	18,907.		0.	
(3) BRIAN DIXON	(i)	0.	0.	0.	0.	0.	0.	0.	
SR. VP FOR MEDIA & GOV. RELATIONS	(ii)	207,045.	20,000.	0.	10,875.	9,525.	247,445.	0.	
(4) SHAUNA SCHERER	(i)	0.	0.	0.	0.	0.	0.	0.	
VP FOR MARKETING & DEVELOPMENT	(ii)	198,415.	20,000.	0.	3,215.	19,053.	240,683.	0.	
(5) MARIAN STARKEY	(i)	0.	0.	0.	0.	0.	0.	0.	
VP FOR COMMUNICATIONS	(ii)	152,783.	20,000.	0.	9,258.	13,590.	195,631.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
-	(ii)								
	(i)								
-	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	/		<u> </u>		<u> </u>	L	1		

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.
SCHEDULE J, PART I, LINE 3:
OFFICERS AND HIGHLY COMPENSATED EMPLOYEES ARE COMPENSATED BY A RELATED
ORGANIZATION, POPULATION CONNECTION. THE RELATED ORGANIZATION USED THE
FOLLOWING METHODS WHEN DETERMINING COMPENSATION FOR THE CEO:
- COMPENSATION COMMITTEE
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

POPULATION CONNECTION ACTION FUND

Employer identification number 46-3083014

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FOCUSED ON DOMESTIC AND GLOBAL REPRODUCTIVE HEALTH POLICY, FAMILY PLANNING AND REPRODUCTIVE HEALTH PROGRAMS AROUND THE WORLD STORYTELLING FOR ORGANIZING, AND CLIMATE, POPULATION, AND REPRODUCTIVE HEALTH. WE ALSO HOSTED AN ADVOCACY TRAINING TO PREPARE ACTIVISTS TO WITH THEIR MEMBERS OF CONGRESS. DURING OUR LOBBY DAY VIRTUALLY, 18 ACTIVISTS MET WITH 32 HOUSE AND SENATE OFFICES TO LOBBY FOR A INVESTMENT IN INTERNATIONAL FAMILY PLANNING, SUPPORT FOR UNFPA, AND A PERMANENT LEGISLATIVE BAN ON THE GLOBAL GAG RULE. WORKING WITH OUR DOMESTIC REPRODUCTIVE HEALTH, RIGHTS, AND JUSTICE PARTNERS TO FIGHT AGAINST ABORTION BANS AND THREATS TO REPRODUCTIVE FREEDOM FOLLOWING THE OVERTURNING OF ROE V. WADE. THESE EVENTS INCLUDED AN IMMEDIATE DEBRIEFING EVENT -- FOLLOWING THE OVERTURNING OF ROE V. WADE IN DOBBS VS. JACKSON WOMEN'S HEALTH ORGANIZATION -- AN "ABORTION DEFENDER" TWO LETTER TO THE EDITOR TRAININGS, AND PANEL EVENTS WITH TRAINING, GLOBAL PARTNERS, AS WELL AS ABORTION PROVIDERS. 131 PEOPLE ATTENDED THESE EVENTS. IN THE FALL, WE FOCUSED ALL OF OUR ENERGY ON THE 2022 MIDTERM ELECTIONS, WORKING TO SUPPORT CANDIDATES IN NEVADA AND PENNSYLVANIA. WE WORKED WITH POLITICAL CAMPAIGNS AND DEMOCRATIC ORGANIZATIONS LIKE THE DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE TO SUPPORT SEVERAL CANDIDATES IN BOTH THE HOUSE AND SENATE, AND ENGAGED ACTIVISTS THROUGH PHONE BANKING, TEXT BANKING, AND DOOR-DOOR CANVASSING.

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

MEMBERSHIP: SUCCESS IN THE AREAS OF ADVOCACY AND PUBLIC EDUCATION

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

POPULATION CONNECTION ACTION FUND

DEPENDS LARGELY ON THE SUPPORT AND DEDICATION OF THE ORGANIZATION'S

MEMBERS. PRESENTLY, OUR MEMBERS ASSIST US BY INFORMING ON POPULATION

ISSUES, WRITING LETTERS TO CONGRESSIONAL LEADERS, SIGNING PETITIONS,

GETTING OPINION LETTERS PUBLISHED IN LOCAL PAPERS, AND SPEAKING ABOUT

POPULATION ISSUES AT LOCAL COMMUNITY EVENTS. WE SUPPORT OUR MEMBERS BY

HOLDING TRAINING AND INFORMATION SESSIONS, RESPONDING TO THEIR

CORRESPONDENCE, REQUEST FOR INFORMATION AND ORDERS FOR OUR

PUBLICATIONS.

EXPENSES \$ 75,093. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE
PRESIDENT AND BOARD MEMBERS. A COPY OF THE FINAL 990 WAS GIVEN TO THE
ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

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

POPULATION CONNECTION ACTION FUND MONITORS AND ENFORCES COMPLIANCE OF A
WRITTEN CONFLICT OF INTEREST POLICY WITH ITS BOARD OF DIRECTORS AND STAFF
MEMBERS. DIRECTORS AND STAFF ARE REQUIRED TO PERIODICALLY DISCLOSE
CONFLICTS, SHOULD THEY ARISE.

IF A CONFLICT ARISES, IT IS BROUGHT IMMEDIATELY TO THE ATTENTION OF BOTH

THE CHAIR AND THE PRESIDENT. IF THE BOARD IS TO TAKE ACTION IN SUCH A

SITUATION, THE PERSON HAVING A CONFLICT DOES NOT PARTICIPATE IN THE FINAL

DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND,

AFTER PROVIDING ALL RELEVANT INFORMATION REGARDING THE MATTER, RETIRES FROM

THE PROCEEDINGS AND ROOM IN WHICH THE BOARD IS MEETING AND DOES NOT

PARTICIPATE IN THE VOTE.

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization 46-3083014 POPULATION CONNECTION ACTION FUND WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT EXISTS, SUCH MATTER IS RESOLVED BY THE BOARD IN AN OFFICIAL VOTE, EXCLUDING FROM THE VOTE THE PERSON WHO MAY HAVE A CONFLICT. THE BOARD SEEKS SUCH OUTSIDE COUNSEL OR LEGAL ADVICE AS IT DEEMS NECESSARY IN ORDER TO BETTER ENABLE IT TO MAKE A DECISION. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES. THE PRESIDENT & CEO'S COMPENSATION WAS DETERMINED BY POPULATION CONNECTION'S (A RELATED ORGANIZATION) BOARD. IN DETERMINING HIS COMPENSATION, SIMILAR ORGANIZATIONS WERE EXAMINED TO ASCERTAIN COMPARABLE LEVELS OF COMPENSATION. THE BOARD DETERMINES THE COMPENSATION AND THE DECISION IS DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE IN MAY 2022. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NM, NJ, NY, NC, OR, PA, RI, SC, TN, UT VA,WV<u>,W</u>I FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

POPULATION COI	NNECTION ACTION F	UND				46-30830	14	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	eme End-of-yea		Direct c	(f) controlling ntity	g
Identification of Related Tax-Exempt Organiz	ations. Complete if the organizat	tion answered "Ves" on Form 900	Part IV line 34	pacause it had one	or more	related tax even		
organizations during the tax year.			<u> </u>	_	T THOIR			
(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) ct controlling entity	(g) Section 512(b)(13) controlled entity?	
POPULATION CONNECTION - 94-1703155				501(0)(3))			Yes	No
2120 L STREET, NW, STE 500 WASHINGTON, DC 20037-1534	POPULATION EDUCATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A			х
POPULATION CONNECTION ACTION FUND PAC - 61-1739943, 2120 L STREET, NW, STE 500, WASHINGTON, DC 20037-1534	SUPPORT TO FEDERAL CANDIDATES			N/A	POPULA	TION ACTION	x	22

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
	l	l	l .	l .		l			I	-	

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

Schedule R (Form 990) 2022

Page 3

Yes No

1a

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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?

b	Gift, grant, or capital contribution to related organization(s)				1b	Х	_ <u></u>		
С	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		_X_		
g	Sale of assets to related organization(s)				1g		_X_		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		<u>X</u>		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>		
	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>		
I	Performance of services or membership or fundraising solicitations for related orgar	nization(s)			11		X		
	Performance of services or membership or fundraising solicitations by related organ				1m		X		
n :	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X			
Sharing of paid employees with related organization(s)									
р	Reimbursement paid to related organization(s) for expenses				1 p	X			
q	Reimbursement paid by related organization(s) for expenses				1q		X		
	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		<u>X</u>		
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered rela	ationships and transaction thresholds.					
	(a) Name of related organization	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amount in	olved/				
		type (a-s)							
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
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Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000