			** PUBLIC DISCLOSURE COPY	* *		
	Ω	00	Return of Organization Exempt Fro	m lı	ncome Tax	OMB No. 1545-0047
For	m 🚽	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	e (exc	ept private foundation	s) 2021
Den	ortmont	of the Treasury	Do not enter social security numbers on this form as it	-	-	Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection
Α	For th	e 2021 calenda	ar year, or tax year beginning $$ OCT 1 , 2021 and endi	ng S	EP 30, 2022	
	Check if applicat	C Name of	organization		D Employer identific	ation number
⊡ ⊽	Addr		LATION REFERENCE BUREAU, INC.			
	Chan Name		JATION REFERENCE BOREAU, INC.		53-021403	0
	chan Initial returr			n/cuita	E Telephone number	
	Final	1111	19TH ST, NW 400			8-1100
	lreturi termi ated	n_	pwn, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,114,216.
	Amer returr	nded WY CU	INGTON, DC 20036		H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·
	Appli tion	ca- F Name a	nd address of principal officer: JEFFREY N. JORDAN			Yes X No
	pend		AS C ABOVE		H(b) Are all subordinates inc	
		empt status:		527	If "No," attach a I	ist. See instructions
		ite: 🕨 WWW 🛯			H(c) Group exemption	
		f organization:	X Corporation Trust Association Other ▶	L Year	of formation: 1951 M	State of legal domicile: DC
Pa	art I	•				
ė	1		e the organization's mission or most significant activities: PRB ANA			
anc			TION ABOUT POPULATIONS AND THEIR HEAD			
Governance	2		x if the organization discontinued its operations or disposed of			ets. 18
200	3		ing members of the governing body (Part VI, line 1a)			<u> </u>
			ependent voting members of the governing body (Part VI, line 1b)			83
ties	5		of individuals employed in calendar year 2021 (Part V, line 2a)			<u>03</u> 17
Activities &	0		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12			0.
A	h h		business taxable income from Form 990-T, Part I, line 11			0.
				<u> </u>	Prior Year	Current Year
-	8	Contributions	and grants (Part VIII, line 1h)		16,112,377.	13,179,235.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		43,314.	30,490.
eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		404,840.	103,999.
Ξ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,922.	2,763.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,562,453.	13,316,487.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		3,650,309.	3,247,624.
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		9,144,506.	9,013,756.
ens	16a	Professional fu	and raising fees (Part IX, column (A), line 5-10) and raising fees (Part IX, column (A), line 11e) and expenses (Part IX, column (D), line 25) \blacktriangleright 32,950.	·	0.	0.
Expenses					3,689,861.	1 160 111
	1 11		es (Part IX, column (A), lines 11a-11d, 11f-24e)	-	16,484,676.	<u>4,169,441.</u> 16,430,821.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		77,777.	-3,114,334.
	19	nevenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets o	20	Total assets (F	Part X, line 16)		17,681,286.	12,232,018.
Asse	20		(Part X, line 26)		3,757,605.	1,977,396.
Net Assets or	22		fund balances. Subtract line 21 from line 20		13,923,681.	10,254,622.
	art II				, ,	
Unc	ler pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of my	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which pr			

Sign	Signature of officer			Date
Here	JEFFREY N. JORDAN, PRE:	SIDENT & CEO		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	STACY CULLEN			["] self-employed P00974308
Preparer	Firm's name 🕒 APRIO, LLP			Firm's EIN ▶ 57-1157523
Use Only	Firm's address 🖌 111 ROCKVILLE PI	KE SUITE 600		
	ROCKVILLE, MD 20	850		Phone no. (301) 231-6200
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
132001 12-0	-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PRB PROMOTES AND SUPPORTS EVIDENCE-BASED POLICIES, PRACTICES, AND
	DECISION-MAKING TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE
	THROUGHOUT THE WORLD.
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?
	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 \$ 11,033,914. including grants of \$ 3,247,624.) (Revenue \$ 20,291.
	INTERNATIONAL PROGRAMS:
	MOMENTUM KNOWLEDGE ACCELERATOR (MKA) WHICH PROVIDES KNOWLEDGE
	MANAGEMENT AND ADAPTIVE LEARNING GUIDANCE ACROSS ALL MOMENTUM PROJECTS
	SO IMPLEMENTING PARTNERS AND AFFILIATED USAID STAFF CAN SHARE
	EXPERIENCES FROM THEIR DIVERSE PARTNERSHIP WORK AND LESSONS LEARNED.
	MKA CALALYZES IMPROVEMENTS IN MATERNAL, NEWBORN AND CHILD HEALH
	PROGRAMS BY ENSURING THE RIGHT INFORMATION REACHES THE RIGHT PEOPLE IN
	THE RIGHT FORMATS TO INFORM DECISIONS THAT SAVE LIVES AND REDUCE
	ILLNESS AND DISABILITY. PRB'S USAID FUNDED POLICY ADVOCACY AND
	COMMUNICATION ENHANCED FOR POPULATION AND REPRODUCTIVE HEALTH (PACE)
	PROJECT PROVIDES SUPPORT TO LOCAL ORGANIZATIONS THAT ARE SEEKING TO (Code:) (Expenses \$ 2,251,403. including grants of \$) (Revenue \$ 6,303.
	THE KIDSDATA PROGRAM TRACKS MORE THAN 900 INDICATORS INCLUDING SAFETY, HEALTH, EDUCATION, AND ECONOMIC SECURITY OF CHILDREN AND YOUTH. THIS INFORMATION HELPS POLICYMAKERS, PUBLIC AGENCIES, AND ADVOCACY AND NONPROFIT ORGANIZATIONS EFFECTIVELY TACKLE THE TOUGHEST ISSUES IMPACTING CALIFORNIA'S CHILDREN AND COMMUNITIES. PRB STAFF ARE REGULARLY INVITED TO PRESENT, FACILITATE, AND SHARE THEIR EXPERTISE AT EVENTS LIKE THE AMERICAN COMMUNITY SURVEY DATA USERS CONFERENCE, WHERE
	PRB PARTNERED WITH THE U.S. CENSUS BUREAU TO ORGANIZE THE EVENT AND
	HOSTED NEARLY 500 PEOPLE. PRB STAFF CONTINUED TO PROVIDE FEEDBACK ON
	THE DESIGN AND MEASUREMENT OF THE KIDS COUNT INDEX AND COMPILED DATA
4c	(Code:) (Expenses \$1,254,257. including grants of \$) (Revenue \$3,895. COMMUNICATIONS PROGRAMS:
	PRB'S 2022 WORLD POPULATION DATA SHEET TOOK A SPECIAL FOCUS ON
	DEMOGRAPHIC IMPACTS OF COVID-19. THE COVID-19 PANDEMIC CAUSED NEARLY 15
	MILLION EXCESS DEATHS IN 2020 AND 2021, ACCOUNTING FOR 12% OF ALL
	DEATHS GLOBALLY AND CONTRIBUTING TO DECLINES IN LIFE EXPECTANCY IN SOME
	COUNTRIES, INCLUDING THE UNITED STATES.
4d	Other program services (Describe on Schedule O.)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 14,539,574.

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 Form 990 (2021)
 POPULATION REFERENCE BUREAU, INC.

 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	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
•	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			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ũ	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, VII, 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	Х	L
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 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			37
_	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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	
т	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>	11f	х	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
2	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	Х	
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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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 X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</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	-		v
10	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? <i>If</i> "Yes,"	10		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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 POPULATION REFERENCE BUREAU, INC.
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 Part IV
 Checklist of Required Schedules (continued)
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			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	Х	
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			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	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>		
zJa	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	254		
	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		х
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		Х
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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		- 23
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 57			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С				
	(gambling) winnings to prize winners?	1c	0000	
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2021)		POPULATIO					
Sta	atements Re	garding Othe	r IRS Fi	lings and '	Tax Complia	ance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	83			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction:	s				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	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 Ad	ccour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		_X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			A -		х
L	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		-	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
, а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the navor?	7a		х
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	xt?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	399 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h	N/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th				
•	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		N/A	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			30		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	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 yearN/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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	40%	L			
~	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand		•	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
-	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	-				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? \dots		N/A	17		
	If "Yes," complete Form 6069.				0000	
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Form 990 (2021)

Part V

Form	990	(2021)

POPULATION REFERENCE BUREAU, INC.

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X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		1 1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17			
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?		L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervisio	on 🛛			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
о 7а		point one or	·····	•		
14				7a		x
			·····	<u>/a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					v
_	persons other than the governing body?		····· -	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?			8a	X	
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 read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		L	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	5				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$		·····	120		
C		,		10-	х	
-	on Schedule O how this was done		·····	12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approval	l by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		L	15a	Х	
b	Other officers or key employees of the organization		L	15b	Х	
	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 arrangem	nent with a				
	taxable entity during the year?		L	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'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 NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (section	501(c)(3)s (nlv) :	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		001(0)(0)00	Jiny) (avana	510
		an Ontradición				
40		on Schedule O)	allass and d			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	millet of interest p	olicy, and f	inano	Jai	
	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 boo	ks and records	▶			
	VIRESH DESAI - (202) 483-1100					
	1111 19TH ST, NW, SUITE 400, WASHINGTON, DC 20036					
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Form 990 (2021)	POPULATION REFERENCE BUREAU, INC.	53-0214030	Page 7
Part VII Comp	ensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
Emplo	oyees, and Independent Contractors		
Check it	f Schedule O contains a response or note to any line in this Part VII		
Section A. Officer	rs, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this ta	ble for all persons required to be listed. Report compensation for the calendar year ending wi	th or within the organization?	s tax year.
 List all of the of 	organization's current officers, directors, trustees (whether individuals or organizations), regai	rdless of amount of compens	ation.

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per hours or below Description below Description below Peoptable compension below Peoptable compension from the organization Estimated compension from the organization (1) JEPPREY N. JORDAN 50.00 X X 330,147. 0. 57,098. (2) DARBARA SELTOWAN 50.00 X X 241,512. 0. 52,824. (4) LINDA JACOBEEN 50.00 X X 241,512. 0. 52,824. (4) LINDA JACOBEEN 50.00 X X 241,512. 0. 52,824. (4) LINDA JACOBEEN 50.00 X X 205,775. 0. 10,475. (5) MARCHE ANN (5) S0.00 X X 166,176. 0. 24,152. (7) LARA VAZ 50.00 X X 0. 0. 0. (3) VERCHARCHER S0.00 X X 166,176. 0. 24,152. (7) LARA VAZ S0.00 X	(A)	(B)	(C)					(D)	(E)	(F)	
hours per veek (list any nour and a second and any and any	Name and title	Average	Position				ne	Reportable	Reportable	Estimated	
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(17) TOM DILLON TRUSTEE X 0. 0. 0.		1.00									
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		1.00								•	
			Х						0.	0.	

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Form 990 (2021)

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Form 990 (2021) POPULATIO	N REFER	EN	CE	В	UR	REA	U,	, INC.	53-021	4030	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	compensated Employee	s (continued)		
nours per b					C) itior more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated mount 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)	organizations (W-2/1099-MISC, 1099-NEC)	' t orç ar	npensation from the ganization nd related ganizations
(18) DAVID FINN	1.00										
TRUSTEE	1 0 0	Х						0.	0	•	0.
(19) PATRICIA FOXEN	1.00										0
TRUSTEE	1 0 0	Х						0.	0	•	0.
(20) JAMIE HERRING TRUSTEE	1.00	x						0.	C	•	0.
(21) THOMAS LEGRAND TRUSTEE	1.00	x						0.	C		0.
(22) LISA PALMER	1.00										
TRUSTEE (23) JENNIFER SCUIBBA	1.00	Х				-		0.	0	•	0.
TRUSTEE		x						0.	0	•	0.
(24) KYLER SHERMAN-WILKINS	1.00										•
TRUSTEE	1 00	Х						0.	0	•	0.
(25) RICHARD WOODS TRUSTEE	1.00	х						0.	C		0.
1b Subtotal								1,776,125.	0	. 25	2,118.
1b Subtotal c Total from continuation sheets to Part VI								0.			0.
d Total (add lines 1b and 1c)								1,776,125.			52,118.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable		
compensation from the organization											8
											Yes No
3 Did the organization list any former officer,	-		•	•	•				•		
line 1a? If "Yes," complete Schedule J for su										3	X
4 For any individual listed on line 1a, is the su										4	x
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	,									. 4	
rendered to the organization? If "Yes." com	•							•		. 5	X
Section B. Independent Contractors		201	00		2010					<u> </u>	·
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comper	sation fr	rom
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wi	thin	the organization's tax y	ear.		
(A)	addraaa							(B)			C)
Name and business address Description of services								services	Compe	ensation	
FRONTLINE MANAGED SERVICE	-		~ ·	20	იი	8		INFORMATION		22	1 136
CONNECTICUT AVE, NW, WASHINGTON, DC 20008 TECHNOLOGY SUPPORT 221,136 VELIR STUDIOS KIDSDATA WEBSITE								1,130.			
212 ELM ST, 2ND FLOOR, SOMERVILLE, MA 02144 MAINTENANCE 139,407								9,407.			
PROGRAPHICS, 42 HUDSON ST, SUITE 213, PUBLICATIONS &											
ANNAPOLIS, MD 21401 GRAPHIC DESIGN 138,759.											
MICHELLE FOLSOM					 -	-		STRATEGIC			
653 ACKER PLACE, NE, WASH	INGTON,	D	C :	20	00	2		COMMUNICATIO	NS	12	<u>15,938.</u>
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received m	ore than		

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

Form **990** (2021)

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			Check if Schedule O o	conta	uns a respo	onse o	or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	
								(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ţs	1	а	Federated campaigns		1a						
and Other Similar Amounts		b	Membership dues		1b						
Å m		с	Fundraising events		1c						
ar /			–								
mil			Government grants (contr	ibutio	ons) 1e		10,939,630.				
ŝ		f	All other contributions, gifts,	grant	s, and						
the			similar amounts not included	abov	e 1f		2,239,605.				
Ó		g	Noncash contributions included in	lines 1	a-1f 1g	\$					
anc		h	Total. Add lines 1a-1f				►	13,179,235.			
							Business Code				
	2	а	MEMBERSHIP DUES				900099	23,377.	23,377.		
		b	PUBLICATIONS				900099	7,113.	7,113.		
Revenue		с									
eve		d									
,ĕ		е									
		f	All other program service	rever	nue						
			Total. Add lines 2a-2f					30,490.			
	3		Investment income (includ								
			other similar amounts)	•				174,786.			174,786.
	4		Income from investment of					·			
	5		Royalties		•			2,763.			2,763.
	-				(i) Rea		(ii) Personal	,			,
	6	а	Gross rents	6a							
	Ŭ		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of	<u> </u>	(i) Securi	ties	(ii) Other				
	'	а		7-	3,726,						
			assets other than inventory	7a	5,720,						
-		D	Less: cost or other basis		3 707	720					
Revenue				7b							
eve			()	7c				70 707			70 797
er ne	_		Net gain or (loss)				▶	-70,787.			-70,787.
Ome	8	а	Gross income from fundraisin								
5			including \$								
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses			8b					
			Net income or (loss) from		-		🕨				
	9	а	Gross income from gamin	-		•					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ng activitie	s	►				
	10	а	Gross sales of inventory, I	ess r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			ry	►				
							Business Code				
	11	а									
ne		b									
evenue		č									
Revenue			All other revenue								
			Total. Add lines 11a-11d				>				
	12		Total revenue. See instruction					13,316,487.	30,490.	0.	106,762.
	12		Total Tevenue. See instruction	119			····· 🔽	,,,,,,,,,,,,		· ·	Form 990 (2021

POPULATION REFERENCE BUREAU, INC.

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Form 990 (2021)

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POPULATION REFERENCE BUREAU, INC. 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 respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,556,166.	2,556,166.		
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	601 469	601 459		
	individuals. See Part IV, lines 15 and 16	691,458.	691,458.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	681,582.	588,593.	90,904.	2 095
~	trustees, and key employees	001,302.	500,555.	90,904.	2,085
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	5,575,504.	4,814,832.	743,618.	17,054
		5,575,504.	4,014,052.	745,0100	17,054
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	418,320.	361,248.	55,792.	1 280
9	Other employee benefits	1,802,849.	1,556,885.	240,450.	<u>1,280</u> 5,514
10	Payroll taxes	535,501.	462,442.	71,421.	1,638
11	Fees for services (nonemployees):		102,1120	/ _ /	
	Management				
b		5,440.	4,101.	1,324.	15
c		58,288.	43,941.	14,189.	158
	Lobbying				
e					
f					
	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch 0.)	1,856,516.	1,560,678.	294,132.	1,706.
12	Advertising and promotion			-	
13	Office expenses	575,010.	527,444.	47,123.	443
14	Information technology				
15	Royalties				
16	Occupancy	746,473.	575,184.	169,377.	1,912.
17	Travel	212,087.	203,862.	8,188.	37.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,400.	25,006.	6,363.	31
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	163,577.	121,606.	41,509.	462
23	Insurance	59,082.	44,783.	14,142.	157
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	205 522	204 554	E0 E40	
а		375,738.	324,551.	50,749.	438
b		70,183.	62,794.	7,373.	16
С	BANK & CC SERVICE CHARG	12,769.	11,425.	1,341.	3
d		2,878.	2,575.	302.	1.
	All other expenses	16 120 001		1 050 007	22 050
25	Total functional expenses. Add lines 1 through 24e	16,430,821.	14,539,574.	1,858,297.	32,950
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)				Form 990 (202

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POPULATION REFERENCE BUREAU, INC. Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

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24,305. 1

(A) Beginning of year

(B) End of year

166,492.

	1	Cash - non-interest-bearing	24,305.	1	166,492.
	2	Savings and temporary cash investments	2,305,059.	2	1,350,375.
	3	Pledges and grants receivable, net		3	1,113,005.
	4	Accounts receivable, net	1,578,478.	4	245,646.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	63,850.	9	50,049.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a1,447,101.Less: accumulated depreciation10b1,201,809.			
	b	Less: accumulated depreciation 10b 1,201,809.	389,863.	10c	245,292.
	11	Investments - publicly traded securities	11,781,089.	11	9,007,484.
	12	Investments - other securities. See Part IV, line 11	1,503,490.	12	18,212.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	35,152.	15	35,463.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	17,681,286.	16	12,232,018.
	17	Accounts payable and accrued expenses	1,506,431.	17	1,481,367.
	18	Grants payable		18	
	19	Deferred revenue	1,841,811.	19	259,148.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iat		controlled entity or family member of any of these persons		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	409,363.	25	236,881.
	26	of Schedule D Total liabilities. Add lines 17 through 25	3,757,605.	25	1,977,396.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X	5,151,005.	20	1,577,550.
es		and complete lines 27, 28, 32, and 33.			
ances	27	Net assets without donor restrictions	13,266,801.	27	9,097,489.
3ala	28	Net assets with donor restrictions	656,880.	28	1,157,133.
B		Organizations that do not follow FASB ASC 958, check here			, , ,
Бu		and complete lines 29 through 33.			
۲.	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Bala	32	Total net assets or fund balances	13,923,681.	32	10,254,622.
-	33	Total liabilities and net assets/fund balances	17,681,286.	33	12,232,018.

	990 (2021) POPULATION REFERENCE BUREAU, INC.	53-0	214030	Pa	_{ige} 12
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	13,31	-	
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,43	-	
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,11	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,92		
5	Net unrealized gains (losses) on investments	5	-2,34	5,4	<u>95.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1,79	<u>0,7</u>	70.
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	10,25	4,6	22.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		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	<u> </u>
	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:				
	X Separate basis 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	Х	└──
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	Act and OMB Circular A-133?		<u>3a</u>	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	(2021)
			Low	. MMI I	(0001)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047		
	2021		
	Open to Public Inspection		
Employer identification numbe			

Name of the	organization
-------------	--------------

. ten		POPU	LATION REFI	ERENCE BUREAU	J. INC	2.		53-0214030
Pa	art I	Reason for Public C					ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of ch					1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Ent	er the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental unit descr	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the genera	al public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the colle	ge or
		university:						
10		An organization that norma						
		activities related to its exem						-
		income and unrelated busin		(less section 511 tax) iro	m busines	ses acqui	red by the organization	Taiter Julie 30, 1975.
11		See section 509(a)(2). (Con An organization organized a		vely to test for public sat	atv See	section 5	19(2)(4)	
12		An organization organized a		•	•			e purposes of one or
		more publicly supported or	•	•	•			• •
		lines 12a through 12d that	-					
а	a 🗌	Type I. A supporting orga						y giving
		the supported organization	-	-	• • • •	-		
		organization. You must c						
b	b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by h	aving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the su	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	: [_	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integra	ated with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.	
c		Type III non-functionally						
		that is not functionally int	v	c ,	•		•	itiveness
		requirement (see instructi	,	•				
e	•	Check this box if the orga functionally integrated, or					турет, турет, турет	1
f	E Entr	er the number of supported of			iy organiz	ation.		
c		vide the following information	•	d organization(s).				
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions	s) support (see instructions)
Tota	al							

Schedule	A (Form 990) 2021
Part II	Support Sc

POPULATION REFERENCE BUREAU, INC.

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.)

Sec	tion A. Public Support						
Calei	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10066602.	10583725.	13697018.	16112377.	13179235.	63638957.
2	Tax revenues levied for the organ-						
	ization'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	10066602.	10583725.	13697018.	16112377.	13179235.	63638957.
	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)						10999697.
6	Public support. Subtract line 5 from line 4.						52639260.
Sec	tion B. Total Support						<u> </u>
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		10066602.	10583725.	13697018.	16112377.	13179235.	63638957.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	169,327.	294,763.	274,147.	221,206.	177,549.	1136992.
9	Net income from unrelated business			,	,		
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						64775949.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	230,874.
	First 5 years. If the Form 990 is for th			fourth or fifth tax y	vear as a section 5		
	organization, check this box and stor	-		-			
Sec	tion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	81.26 %
	Public support percentage from 2020					15	77.38 %
	33 1/3% support test - 2021. If the o					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	5	
b	10% -facts-and-circumstances test	-			-		
-	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•				
				,,, c. 176	,		·········

Schedule A (Form 990) 2021

132022 01-04-22

POPULATION REFERENCE BUREAU, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(a) 2017	(0) 2018	(0) 2019	(u) 2020	(e) 2021	
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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)					1	
14 First 5 years. If the Form 990 is for th	e organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section 5	01(c)(3) organiz	ation.
	0					
Section C. Computation of Publi						
15 Public support percentage for 2021 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the					3 1/3%, and line	e 17 is not
more than 33 1/3%, check this box ar	id stop here. The	organization qual	ifies as a publicly	supported organiza	ition	
b 33 1/3% support tests - 2020. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	ó, and
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizatio	on ►
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
132023 01-04-22					Schedul	e A (Form 990) 2021
		16	5			

13520814 795476 96341

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

132024 01-04-21

Schedule A (Form 990) 2021

Sche	dule A	A (Form 990) 2021	POPULATION	REFERENCE	BUREAU,	INC.	53-021403	0 Ра	age 5
Pa	rt IV	Supporting Organ	izations (continued)						
								Yes	No
11	Has t	the organization accepted	a gift or contribution from	m any of the followin	ig persons?				
а	A per	rson who directly or indire	ctly controls, either alone	e or together with pe	rsons described	on lines 11b and			
	11c t	pelow, the governing body	of a supported organiza	tion?			11a		
b	A fan	nily member of a person d	escribed on line 11a abo	ve?			11b		
с	A 35	% controlled entity of a pe	rson described on line 1 ⁻	1a or 11b above? If	"Yes" to line 11a	a, 11b, or 11c, provide			
	detai	in Part VI.					11c		
Sec	tion	B. Type I Supporting	g Organizations						
								Yes	No
1		he governing body, memb	0 0						

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

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D	. All Type III	Supporting	Organizations

			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

1

2

1

Yes No

V. N

Yes No

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Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m		•	1
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	lines 1 through 3.	4		
5 Depr	reciation and depletion	5		
6 Porti	ion of operating expenses paid or incurred for production or			
	ection of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	er expenses (see instructions)	7		
	isted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggr	regate fair market value of all non-exempt-use assets (see			
instr	uctions for short tax year or assets held for part of year):			
a Aver	age monthly value of securities	1a		
b Aver	age monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	I (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other factors			
(expl	l <u>ain in detail in</u> Part VI):			
2 Acqu	uisition indebtedness applicable to non-exempt-use assets	2		
3 Subt	tract line 2 from line 1d.	3		
4 Cash	n deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see i	instructions).	4		
5 Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mult	iply line 5 by 0.035.	6		
7 Reco	overies of prior-year distributions	7		
8 Mini	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adju	sted net income for prior year (from Section A, line 8, column A)	1		
2 Ente	r 0.85 of line 1.	2		
3 Minii	mum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ente	r greater of line 2 or line 3.	4		
5 Inco	me tax imposed in prior year	5		
	ributable Amount. Subtract line 5 from line 4, unless subject to			
eme	rgency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting orga	nization (see

POPULATION REFERENCE BUREAU, INC.

Schedule A (Form 990) 2021

53-0214030 Page 6

132026 01-04-22

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

POPULATION REFERENCE BUREAU, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	POPUL	ATION	REFERI	ENCE	BUREAU	, INC.	53-021403	0 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Information. P lines 1, 2, 3b, 3c, 4 tion D, lines 2 and 3	rovide the b, 4c, 5a, 6 3; Part IV, 5	explanation 6, 9a, 9b, 9c Section E, lir	s required , 11a, 11 nes 1c, 2a	d by Part II, b, and 11c; a, 2b, 3a, an	line 10; Part II Part IV, Sectio d 3b; Part V, li	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Secti ne 1; Part V, Section B, line 1e; any additional information.	on C,
132028 01-04-23	2							Schedule A (Forr	n 990) 2021

13520814 795476 96341

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
THE WILLIAM AND FLORA HEWLETT FOUNDATION	4,138,226.	2,842,707.
THE DAVID AND LUCILLE PACKARD FOUNDATION	1,385,852.	90,333.
THE ANNIE E. CASEY FOUNDATION	1,970,457.	674,938.
BILL & MELINDA GATES FOUNDATION	4,375,909.	3,080,390.
LUCILLE PACKARD FOUNDATION FOR CHILDREN	2,715,359.	1,419,840.
THE SUSAN THOMPSON BUFFETT FOUNDATION	4,187,008.	2,891,489.
		10,999,697.

Schedule B

(Form 990)

Department of the Treasury

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

n number

Internal Revenue Service								
Name of the organization		Empl	oyer identification n					
F	OPULATION REFERENCE BUREAU, INC.	53	-0214030					
Organization type (check	one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ı						
	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							
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule. See ir	nstructions.					
General Rule								
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions ay one contributor. Complete Parts I and II. See instructions for determining a contr	•						
Special Rules								
sections 509(a)(1	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 1 ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount	16b, and that re	eceived from any one					

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

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2021)

** PUBLIC DISCLOSURE COPY **

Name of organization

Part I

POPULATION REFERENCE BUREAU, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 8,244,703. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 1,164,419. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 589,505. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 574,419. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 432,321. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 404,153. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021) 24 13520814 795476 96341

Employer identification number

53-0214030

Name of organization

Schedule B (Form 990) (2021)

POPULATION REFERENCE BUREAU, INC.

Part I Contributors (see instructions) Use duplicate copies of Part Lif additional space is needed

Tarti	Contributors (see instructions). Ose duplicate copies of Part I if additiona	i space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$341,052.	Person X 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.)
(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.)

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13520814 795476 96341

Employer identification number

53-0214030

Schedule B (Form 990) (2021)

from Part I	Description of noncash property given	(See instructions.)	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
		\$	
123453 11-11-21			Schedule B (Form 990) (2021)

26

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

. .. .

Part II

(a)

No.

POPULATION REFERENCE BUREAU, INC.

Employer identification number

(d)

.

_ .

53-0214030

(c)

FMV (or estimate)

Page 3

Schedule B (Form 990) (2

13520814 795476 96341

Schedule B (Form 990) (2021)		Page 4
Name of organization		Employer identification number
POPULATION REFERENCE BUR	EAU, INC.	53-0214030
Part III Exclusively religious, charitable, etc.,	contributions to organizations described columns (a) through (e) and the following line y religious, charitable, etc., contributions of \$1,000	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No.		
from (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of	
Transferee's name, ad	ddress, and ZIP + 4	Relationship of transferor to transferee
(a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of	
Transferee's name, ad	ddress, 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	
Transferee's name, ad	ddress, 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
	(e) Transfer of	
Transferee's name, ad	ddress, and ZIP + 4	Relationship of transferor to transferee
123454 11-11-21		Schedule B (Form 990) (2021)

13520814 795476 96341

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.



	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest inform	ation.	Inspection		
	Name of the organization Employer identification numl						
	- -		3-021403				
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.	Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	(b) Funds ar	d other account	s	
1	Total number at er	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds			
	-	on's property, subject to the organization's	-		Yes	No	
6		on inform all grantees, donors, and donor a					
	•	poses and not for the benefit of the donor o	• •				
	impermissible priv		·····	U U	Yes	No	
Pa		ation Easements. Complete if the org					
1		servation easements held by the organization					
		n of land for public use (for example, recrea		a historically impo	rtant land area		
		of natural habitat	·	a certified historic			
		n of open space					
2		through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation e	asement on the	last	
	day of the tax yea				at the End of the		
а	Total number of co	onservation easements		2a			
b							
c	•	vation easements on a certified historic stru					
d		vation easements included in (c) acquired a					
		nal Register					
3		vation easements modified, transferred, rel			g the tax		
	year 🕨			C .	-		
4	-	where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
		forcement of the conservation easements it			Yes	No	
6	Staff and voluntee	er hours devoted to monitoring, inspecting,				r	
	•						
7	Amount of expens	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements dur	ing the year		
	▶\$						
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(I	h)(4)(B)(i)			
	and section 170(h				Yes	No	
9	In Part XIII, descril	be how the organization reports conservation	on easements in its revenue and expense	statement and			
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes	the		
	organization's acc	counting for conservation easements.					
Pa		ations Maintaining Collections of		her Similar As	sets.		
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet v	vorks		
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of public	:		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet work	s of		
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furth	erance of public se	ervice,		
	provide the follow	ing amounts relating to these items:					
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		• • •			
				. .			
2	If the organization	received or held works of art, historical treat	asures, or other similar assets for financial	l gain, provide			
	the following amo	unts required to be reported under FASB A	SC 958 relating to these items:				
а	Revenue included	on Form 990, Part VIII, line 1		> \$			

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
132051	1 10-28-21	

\$ Schedule D (Form 990) 2021

►

Sche		ION REFEREN						53-02			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	r Other	r Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that	t make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or excl	nange progra	am					
b	Scholarly research	е			0.0						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ev further th	e organizatio	on's exen	npt purpo:	se in Part	XIII.		
5	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?										
Par	t IV Escrow and Custodial Arran). Part IV.	_		
	reported an amount on Form 990, Pa			, ei guinzuitei				,, · u . · · · ,			
1a	Is the organization an agent, trustee, custodi		ary for o	contributions	or other ass	sets not i	ncluded				
iu	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XII							······ ∟			
U		and complete the lon		able.					Amount		
-	Decision belonce						10		, arrourn		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance Did the organization include an amount on F						. 1 f				
	•						ity?	······ ∟	Yes	-	_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete										<u> </u>
1 41		(a) Current year		Prior year	(c) Two year		(d) Three y	vare back	(e) Four	Veare	back
		656,880.		,256,880.		6,880.			(e) i oui	-	880.
	Beginning of year balance	050,000.	1	,250,000.		,		56,880.		50,	000.
b	Contributions				1,200	0,000.					
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	600,000.		600,000.							
f	Administrative expenses										
g	End of year balance	56,880.		656,880.	1,256	6,880.		56,880.		56,	880.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment 9.0000	%									
с	Term endowment ▶ 91.0000	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that	t are held an	d administer	red for th	e organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's endow	wment fi	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Bool	k valu	e
		basis (investm		basis (. ,	preciation		(,		
1a	Land	· · ·									
	Buildings										
	Leasehold improvements			8.5	4,637.	-	798,22	22.	50	5,43	15.
	Equipment				2,464.		403,5			3,8'	
					,,_,			· · •		.,.	•
-	Other		V as l		2-1				24	5,2	92
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part)</u>	<u>x, colur</u>	<u>nn (В), line 1(</u>	JC.)			Color duri		-	
								Schedule	ר (Form	ເລລດ)	2021

Schedule D	(Form 990) 2021	POPULATION	REFERENCE E	BUREAU	, INC.	53-	0214030	Page 3
Part VII		Other Securities.						
		anization answered "Yes"						
		JOIY (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-c	of-year market v	alue
	held equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
<u>(H)</u>								
Total. (Col. (b) must equal Form 990), Part X, col. (B) line 12.) ► Program Related.						
		anization answered "Yes"	on Form 000 Part IV	lino 110 S	oo Form 000 Part V	(line 13		
	(a) Description of		(b) Book value		c) Method of valuati			
(4)	(a) Description of	livestillent						alue
(1)								
(2)								
(3)								
<u>(4)</u>								
(5)								
<u>(6)</u> (7)								
(8)								
(9)								
	h) must equal Form 000), Part X, col. (B) line 13.) 🕨						
Part IX	Other Assets.							
	Complete if the org	anization answered "Yes"	on Form 990, Part IV	, line 11d. S	See Form 990, Part >	K, line 15.		
			Description	,	,	,	(b) Book va	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	ımn (b) must equal Fo	orm 990, Part X, col. (B) lin	ə 15.)					
Part X	Other Liabilitie	es.						
		anization answered "Yes"	on Form 990, Part IV	', line 11e or	11f. See Form 990,	Part X, line 25.		
1.	(a) De	escription of liability					(b) Book va	alue
	leral income taxes							
(2) DE	FERRED REN	Т					236	,881.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								0.01
		orm 990, Part X, col. (B) line						<u>,881.</u>
2. Liability	tor uncertain tax pos	sitions. In Part XIII, provide	the text of the footno	ote to the o	rganization's financia	al statements tha	it 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) 2021

132053 10-28-21

	chedule D (Form 990) 2021 POPULATION REFERENCE BUREAU, INC. 53-0214030 Page 4								
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1	Total revenue, gains, and other support per audited financial statements					1	10,9	970,	992.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a	-2,	345,4	95.				
b	Donated services and use of facilities	2b							
С	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d					_		
е	Add lines 2a through 2d					2e			495.
3	Subtract line 2e from line 1					3	13,3	<u>316,</u>	487.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
-	Add lines 4a and 4b					4c			0.
С									
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5		316,	487.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5		316,	487.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5 eturi	n.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nts W	ith Exp	penses	per Re	5	n.		<u>487.</u> 821.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts W	ith Exp	penses	per Re	5 eturi	n.		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	nts W	ith Exp	penses	per Re	5 eturi	n.		
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts W	ith Exp	penses	per Re	5 eturi	n.		
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nts W 2a 2b	ith Exp	penses	per Re	5 eturi	n.		
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nts W	ith Exp	penses	per Re	5 eturi	n.		
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Exp	Denses	per Re	5 eturi	n.	430,	821.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Exp	Denses	per Re	5 eturi 1	n.	430,	821.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Exp	Denses	per Re	5 eturr 1 2e	n.	430,	821.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ith Exp	Denses	per Re	5 eturr 1 2e	n.	430,	821.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nts W 2a 2b 2c 2d 4a	ith Exp	Denses	per Re	5 eturr 1 2e	n.	430,	821.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	nts W 2a 2b 2c 2d 4a 4b	ith Exp	Denses		5 eturn 1 2e 3 4c	n. 16,4 16,4	<u>430,</u>	821. 0. 821. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	nts W 2a 2b 2c 2d 4a 4b	ith Exp	Denses		5 eturi 1 2e 3	n. 16,4 16,4	<u>430,</u>	821. 0. 821.

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 V, LINE 4:

NET ASSETS WITH DONOR RESTRICTIONS CONSIST OF CONTRIBUTIONS RECEIVED IN

WHICH THE DONORS STIPULATED THE FUNDS BE MAINTAINED IN PERPETUITY FOR THE

OVERALL MISSION AND PURPOSE OF PRB. THE INCOME EARNED ON THE INVESTMENTS

IS DONOR RESTRICTED UNTIL APPROPRIATED AND IS GENERALLY USED IN THE PERIOD

IT IS EARNED.

PART X, LINE 2:

THE ORGANIZATION EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A

MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE

TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN

50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF SEPTEMBER 30, 132054 10-28-21

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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 POPULATION REFERENCE BUREAU, INC.	53-0214030 Page 5
Part XIII Supplemental Information (continued)	
2022, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS	. IF APPLICABLE,
THE ORGANIZATION RECORDS INTEREST AND PENALTIES AS A CO	MPONENT OF INCOME
TAX EXPENSE. TAX YEARS FROM 2019 THROUGH THE CURRENT YE	AR REMAIN OPEN FOR
EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.	

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE F (Form 990)	ites 5, or 16.	OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer	identification number
POPULATION REFE	ERENCE BUI	REAU, IN	с.		53-021	L4030
Part I General Info	ormation on A	ctivities Out	side the United States. Comple	ete if the orgar	nization answe	ered "Yes" on
Form 990, Part	•					
-	•		ds to substantiate the amount of its gran the selection criteria used to award the			X Yes 🗌 No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistanc	e outside the
			an be duplicated if additional space is no			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (gram service e specific type e(s) in the regi	e expenditures for and investments
		in the region				
SUB-SAHARAN AFRICA	1	4	GRANTMAKING			610,933.
EAST ASIA AND THE						
PACIFIC	0	0	GRANTMAKING			80,524.
						,
	_					
3 a Subtotal	1	4				691,457.
b Total from continuation		_				
sheets to Part I c Totals (add lines 3a	0	0				0.
and 3b)	1	4				691 457

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

Schedule F (Form 990) 2021

132071 12-20-21

Schedule F (Form 990) 2021

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN	COMMUNICATION &					
		AFRICA	DISSEMINATION	13,432.	WIRE	0.		
		SUB-SAHARAN	POLICY COMMUNICATIONS					
		AFRICA	TRAINING	79,686.	WIRE	Ο.		
		SUB-SAHARAN	DOLLON COMMINICATIONS					
		AFRICA	POLICY COMMUNICATIONS	79,605.	WIRE	0.		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		SUB-SAHARAN AFRICA	CAPACITY BUILDING	65 000	WIDE			
		AFRICA	CAPACITY BUILDING	65,990.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	MULTIMEDIA TRAINING	12,671.	WIRE	0.		
		SUB-SAHARAN						
		AFRICA	ADVOCACY	118,220.	WIRE	0.		
		SUB-SAHARAN	POLICY COMMUNICATIONS					
		AFRICA	TRAINING	32,625.	WIRE	0.		
		SUB-SAHARAN	DATA ANALYSIS &					
		AFRICA	TECHNICAL ASSISTANCE	15,810.	WIRE	0.		
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the f			L L		
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect			► _		23
3 Enter total number of	other organizations of	or entities				►		

Schedule F (Form 990) 2021

Schedule F (Form 990)			NCE BUREAU, INC.		53-02			Page 2
Part II Continuation o 1 (a) Name of organization	f Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagian	ations or Entities Outside the (d) Purpose of grant	United States. (e) Amount of cash grant	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	MULTIMEDIA TRAINING	23,600.	WIRE	0.		
		SUB-SAHARAN AFRICA	MULTIMEDIA TRAINING	7,000.	WIRE	0.		
				, -				
		SUB-SAHARAN AFRICA	MULTIMEDIA TRAINING	7,000.	WIRE	0.		
				, -				
		SUB-SAHARAN AFRICA	POLICY COMMUNICATIONS TRAINING	20,000.	WIRE	0.		
				,				
		SUB-SAHARAN AFRICA	POLICY COMMUNICATIONS TRAINING	23,518.	WIRE	0.		
		SUB-SAHARAN AFRICA	ADVOCACY	5,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	ADVOCACY	6,885.	WIRE	0.		
		SUB-SAHARAN AFRICA	COMMUNICATION & DISSEMINATION	8,526.	WIRE	0.		
		SUB-SAHARAN AFRICA	MULTIMEDIA TRAINING	5,790.	WIRE	0.		

Schedule F (Form 990)			NCE BUREAU, INC		53-02		<u></u>	Page 2
Part II Continuation o 1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagian	tions or Entities Outside the (d) Purpose of grant	(e) Amount of cash grant	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1 (g) Amount of non-cash assistance) (h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SUB-SAHARAN AFRICA	COMMUNICATION & DISSEMINATION	48,772.	WIRE	0.		
		SUB-SAHARAN AFRICA	COMMUNICATION & DISSEMINATION	36,303.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DATA ANALYSIS & PUBLICATION	42,409.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	ADVOCACY	9,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	ADVOCACY	17,148.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CAPACITY BUILDING	11,967.		0.		

53-0214030

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 POPULATION REFERENCE BUREAU, INC

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 POPULATION REFERENCE BUREAU, INC.	53-0214030	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	nting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth	od); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	mation. See instructions.	
PART I, LINE 2:		
PRB FOLLOWS OMB'S UNIFORM GUIDANCE REGULATIONS BEFORE PROC	CURING ANY GOOD	DS
AND SERVICES. PRB ISSUES A REQUEST FOR PROPOSALS, WHICH AN	RE CAREFULLY	
REVIEWED BY BOTH INTERNAL AND EXTERNAL REVIEWERS. ONCE TH	SUCCESSFUL	

APPLICANTS ARE CHOSEN, A PRB PROGRAM MANAGER AND A PRB FINANCIAL

ADMINISTRATOR MANAGE THE PROJECT.

Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni [.]	ted States		омв №. 1545-0047
Department of the Treasury	Compl	ete ir the organizatio	Attach to For		t IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization POPULATIO	N REFEREN	CE BUREAU,	INC.				Employer identification number $53 - 0214030$
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?	-			-		
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JSI RESEARCH & TRAINING INSTITUTE 44 FARNSWORTH ST BOSTON, MA 02210	04-2679824	501(C)(3)	1,610,052.	0.			SUBAWARD FOR LEARNING, MONITORING AND EVALUATION SERVICES UNDER MOMENTUM PROJECT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 401 PARK DR, 3RD FLOOR EAST - BOSTON, MA 02215	04-2103580	501(C)(3)	636,646.	0.			SUBAWARD FOR LEARNING, MONITORING AND EVALUATION SERVICES UNDER MOMENTUM PROJECT
INTERNATIONAL YOUTH ALLIANCE FOR FAMILY PLANNING - 1750 HARVARD ST NW, STE 3B - WASHINGTON, DC 20009	47-5049026	501(C)(3)	135,336.	0.			SUB-GRANT FOR YOUTH POLICY ADVOCACY
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1608 FOURTH ST, SUITE 220 - BERKELEY, CA 94710	94-6002123	gov't	27,494.	0.			SUB-GRANT FOR COUNTING WOMEN'S WORK PROJECT
DEVELOPING RADIO PARTNERS 910 17TH ST, NW, 7TH FLOOR WASHINGTON, DC 20006	06-1710103	501(C)(3)	80,380.	0.			SUB-GRANT FOR COMMUNITY RADIO STATIONS AND YOUTH JOURNALISTS ENGAGEMENT IN MALAWI
AVENIR HEALTH 655 WINDING BROOK DR, 4TH FLOOR GLASTONBURY, CT 06033	20-4816286	501(C)(3)	66,258.	0.			SUBAWARD FOR REPRODUCTIVE HEALTH DATA ANALYSIS UNDER PACE PROJECT
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 						·	<u> 6.</u> 0.

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

Schedule I (Form 990) 2021

(a) Type of grant or assistance (b) Number of (c) Amount of

Part III can be duplicated if additional space is needed.

POPULATION REFERENCE BUREAU, INC.

(e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance recipients cash grant cash assistance

(d) Amount of non-

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:

PRB FOLLOWS OMB'S UNIFORM GUIDANCE REGULATIONS BEFORE PROCURING ANY GOODS

AND SERVICES. PRB ISSUES A REQUEST FOR PROPOSALS, WHICH ARE CAREFULLY

REVIEWED BY BOTH INTERNAL AND EXTERNAL REVIEWERS. ONCE THE SUCCESSFUL

APPLICANTS ARE CHOSEN, A PRB PROGRAM MANAGER AND A PRB FINANCIAL

ADMINISTRATOR MANAGE THE PROJECT.

53-0214030

Page 2

Schedule I (Form 990) 2021 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

SC	HEDULE J	Compensation Informa	ation	1	OMB No. 1	545-004	17			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Emplo			20	0 4				
-		Compensated Employees			20		l			
-		Complete if the organization answered "Yes" on Form Attach to Form 990.	n 990, Part IV, line 23.		Open to	Publ	ic			
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and th	ne latest information.		Inspe					
Nan	ne of the organizatio			Employer i	dentificatio	lentification number				
		POPULATION REFERENCE BUREAU, IN	NC.	53-0	21403)				
Pa	rt I Question	s Regarding Compensation								
						Yes	No			
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a	a person listed on Form 9	990,						
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regardin	ng 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 indemnifie	ation and gross-up payments Health or social clu	ub dues or initiation fees	6						
	Discretionary	spending account Personal services	(such as maid, chauffeu	r, chef)						
b	-	on line 1a are checked, did the organization follow a written policy reg								
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Pa	art III to explain		1b					
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,									
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked	d on line 1a?		2					
3		ny, of the following the organization used to establish the compensati	-							
		ctor. Check all that apply. Do not check any boxes for methods used	by a related organization	on to						
		ation of the CEO/Executive Director, but explain in Part III.								
	X Compensation committee Written employment contract									
	X Independent compensation consultant X Compensation survey or study									
	X Form 990 of c	ther organizations X Approval by the bo	oard or compensation co	ommittee						
		any newspan listed on Form 000 Part V/II. Continue A. line to with more	and the time filling a							
4		any person listed on Form 990, Part VII, Section A, line 1a, with resp	bect to the filing							
-	organization or a re	-			1-		x			
a L							X			
b							X			
С		eive payment from an equity-based compensation arrangement? nes 4a-c, list the persons and provide the applicable amounts for each	n itom in Part III		40					
	In res to any or in		ritein in rait in.							
	Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5	-9							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or a		n						
5	contingent on the r			-						
а	-				5a		x			
		ation?					X			
		r 5b, describe in Part III.								
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or a	accrue any compensation	n						
	contingent on the r									
а							X			
b		ation?					X			
		r 6b, describe in Part III.								
7	For persons listed	n Form 990, Part VII, Section A, line 1a, did the organization provide	any nonfixed payments							
		es 5 and 6? If "Yes," describe in Part III			7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contrac								
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," desc			8		X			
9	If "Yes" on line 8, c	d the organization also follow the rebuttable presumption procedure	described in							
	Regulations section	53.4958-6(c)?			9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sched	lule J (Forn	1 990)	2021			

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

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

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFFREY N. JORDAN	(i)	312,544.	16,019.	1,584.	28,834.	28,264.	387,245.	0.
TRUSTEE, PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARBARA SELIGMAN	(i)	268,863.	3,500.	1,584.	24,303.	5,337.	303,587.	0.
CSGO, SVP-INTERNATIONAL PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) VIRESH DESAI	(i)	238,124.	2,500.	888.	22,180.	30,644.	294,336.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LINDA JACOBSEN	(i)	222,578.	0.	1,715.	20,259.	27,324.	271,876.	0.
VP-U.S. PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LESLIE AUN	(i)	202,887.	2,000.	888.	9,310.	1,165.	216,250.	0.
VP-COMMUNICATION & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARLENE LEE	(i)	164,314.	500.	1,362.	9,888.	14,264.	190,328.	0.
ASSOCIATE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LARA VAZ	(i)	167,008.	1,000.	454.	10,080.	9,156.	187,698.	0.
TECHNICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ELIZABETH MADSEN	(i)	164,627.	1,000.	186.	9,845.	1,265.	176,923.	0.
ASSOCIATE VP, INTERNATIONAL PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(ii)							
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	(ii)							

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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 (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Supplemental Information to Form 990 or 990-EZ



POPULATION REFERENCE BUREAU, INC. Employer identification number 53-0214030

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

CAN BE USED TO INFORM DECISIONS THAT IMPROVE LIVES AROUND THE WORLD.

PRB DEVELOPS COMMUNICATIONS TOOLS AND STRATEGIES THAT DRIVE POLICY.

AND FUNDING DECISIONS. PRB IS A TRUSTED SOURCE, EMPLOYING PROGRAMMING,

VARIETY OF APPROACHES TO CONNECT DATA USERS WITH DATA PRODUCERS. PRB

SEEKS TO MAGNIFY ITS IMPACT BY TRAINING OTHERS TO USE INFORMATION IN

SUPPORT OF DECISION-MAKING TO ADVANCE OUR VISION AND VALUES FOR

GENERATIONS TO COME.

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

ADVANCE VOLUNTARY FAMILY PLANNING AND POPULATION, HEALTH, AND

PROGRAMS. THE PACE PROJECT'S KENYA BUDGET ADVOCACY ENVIRONMENT (PHE)

DRIVES ADOPTION OF FAMILY PLANNING LINE ITEM AND INCREASES IN SAMBURU

COUNTY'S HEALTH BUDGET ALLOCATIONS. NIGERIAN YOUTH ADVOCATES TRAINED

BY PACE SECURED POLICY COMMITMENTS FROM LOCAL LEADERS BY CREATING

VIDEOS FOCUSED ON ENDING CHILD MARRIAGE AND INCREASING ACCESS TO FAMILY

PLANNING SERVICES. PRB PROVIDES LEADERSHIP ON STRATEGIC COMMUNICATIONS

AND RESEARCH UTILIZATION TO RESEARCHERS IN MORE THAN 10 COUNTRIES.

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

FOR THE 2022 KIDS COUNT DATA BOOK, PRODUCED ANNUALLY BY THE ANNIE E.

CASEY FOUNDATION. PRB DEVELOPED A SERIES OF SOCIAL MEDIA VIDEOS ON

AND MIGRATION TO RAISE AWARENESS OF FINDINGS FROM RAINFALL, POLLUTION,

RESEARCH SUPPORTED BY THE EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF

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CHILD HEALTH AND HUMAN DEVELOPMENT.

Schedule O (Form 990) 2021	Page 2
Name of the organization POPULATION REFERENCE BUREAU, INC.	Employer identification number 53-0214030
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S FORM 990 UNDERGOES A NUMBER OF INTERNAL	AND EXTERNAL
REVIEWS BEFORE IT IS FILED WITH THE IRS. THE RETURN IS PRE	PARED BY THE
ORGANIZATION'S PUBLIC ACCOUNTING FIRM, APRIO LLP AND IS RE	VIEWED BY THE
ORGANIZATION'S CHIEF FINANCIAL OFFICER. A FINAL DRAFT OF T	HE FORM 990 IS
PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF TRU	STEES FOR FINAL
REVIEW. APRIO WALKS THROUGH VARIOUS SCHEDULES OF THE FORM	990 WITH FULL
BOARD AND ANSWERS ANY QUESTIONS. AFTER A BOARD QUORUM APPR	OVES THE FORM
990, THE PRESIDENT/CEO SIGNS THE RETURN AND APRIO FILES IT	ELECTRONICALLY
WITH THE IRS.	

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

EACH TRUSTEE, DIRECTOR, OFFICER, AND KEY EMPLOYEE COMPLETES A CONFLICT OF INTEREST QUESTIONNAIRE WHICH IS REVIEWED BY THE CFO AND THE CHAIR OF THE AUDIT COMMITTEE. ANY QUESTIONS ARE FOLLOWED UP THE AUDIT COMMITTEE CHAIR AND A FULL REPORT IS GIVEN TO THE BOARD OF TRUSTEES.

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

PRESIDENT/CEO COMPENSATION IS DETERMINED BY THE PRB EXECUTIVE COMMITTEE AND APPROVED BY THE FULL BOARD OF TRUSTEES. THE CEO AND CFO REVIEW PERFORMANCE AND COMPENSATION FOR DEPARTMENT VPS AND SENIOR STAFF. DEPARTMENT VPS REVIEW PERFORMANCE AND COMPENSATION FOR THEIR DEPARTMENT EMPLOYEES. THE VPS MEET TOGETHER TO REVIEW COMPENSATION RECOMMENDATIONS TO ENSURE EQUITY ACROSS DEPARTMENTS. KEY EMPLOYEE AND VP COMPENSATION IS DETERMINED BY THE CEO AND CFO, IN CONJUNCTION WITH A REVIEW BY THE HR DIRECTOR. COMPARABILITY DATA FROM SIMILAR ORGANIZATIONS IS USED TO COMPARE BOTH BASE SALARIES AND INCREASES.

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Schedule O (Form 990) 2021 Name of the organization POPULATION REFERENCE BUREAU, INC.	Page 2 Employer identification number 53-0214030
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST AND
BY WAY OF GUIDESTAR. ADDITIONALLY, THE FINANCIAL STATEMENT	S ARE AVAILABLE
IN THE ORGANIZATION'S ANNUAL REPORT AND ON PRB WEBSITE.	
FORM 990, PART VI, SECTION A, LINE 1:	
PRB'S EXECUTIVE COMMITTEE MEETS EVERY TWO MONTHS AND IS EM	POWERED TO
ACT ON BEHALF OF THE FULL BOARD OF TRUSTEES. THE FULL BOAR	D OF TRUSTEES
MEETS TWICE A YEAR IN PERSON AND ONCE VIA TELECONFERENCE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	1,544,711.
MANAGEMENT AND GENERAL EXPENSES	288,976.
FUNDRAISING EXPENSES	1,649.
TOTAL EXPENSES	1,835,336.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	15,967.
MANAGEMENT AND GENERAL EXPENSES	5,156.
FUNDRAISING EXPENSES	57.
TOTAL EXPENSES	21,180.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,856,516.
FORM 990, PART XII, LINE 2C:	
THE BOARD OF TRUSTEES HAS CHARGED THE AUDIT COMMITTEE OF T	HE BOARD OF

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TRUSTEES WITH OVERSIGHT OF THE INDEPENDENT AUDIT. THE	PROCESS IS
CONSISTENT WITH THE PRIOR YEAR.	
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