PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. OCT 1 2023 and ending SEP 30. A For the 2023 calendar year, or tax year beginning C Name of organization Check if applicable: D Employer identification number Address change Population Reference Bureau, Inc. Name change 53-0214030 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 1111 19th Street, NW 400 (202) 483-1100 13,676,351. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return Washington, DC 20036 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Jennifer Sciubba Yes X No for subordinates? same as C above **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: www.prb.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 1951 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: PRB harnesses the power of Governance population data to inform and advance solutions to the most urgent 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 59 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 17 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 11,325,724. 8,208,208. Contributions and grants (Part VIII, line 1h) 8 Revenue 15,887 2,040,872. Program service revenue (Part VIII, line 2g) 1,136,343 1,491,283. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,368 4,795. 11 12,479,322 11,745,158. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,860,592 2,538,851. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,803,200. 6,796,403. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 3,545,775. 2,855,394. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,209,567. 12,190,648. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,730,245. -445,490. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 14.827.367 14,492,358. Total assets (Part X, line 16) 5,606,050, 4,458,003. 21 Total liabilities (Part X, line 26) 三年 10,034,355. 9,221,317. Net assets or fund balances. Subtract line 21 from line 20 ... | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Jennifer Sciubba, President & CEO Here Type or print name and title Date PTIN Preparer's signature Check Print/Type preparer's name Stacy Cullen 06/27/25 P00974308 Paid Stacy Cullen 58-2487348 Aprio Advisory Group, LLC Preparer Firm's name Firm's EIN

No

X Yes

Phone no. (301) 231-6200

Rockville, MD 20850

Use Only

Firm's address

111 Rockville Pike Suite 600

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	PRB harnesses the power of population data to inform and advance	
	solutions to the most urgent challenges facing our world and improve	
	the well-being of people globally.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		1e3140
4	If "Yes," describe these changes on Schedule O.	d by avacaca
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	* *
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	ai expenses, and
	revenue, if any, for each program service reported.	1 071 041
4a	(Code:) (Expenses \$	1,0/1,941.
	International Programs:	
	Under the Momentum Knowledge Accelerator project, PRB shares and	
	distills findings and best practices to enhance knowledge sharing among	
	implementing partners and staff of the U.S. Agency for International	
	Development (USAID) for improving maternal and child and primary health	
	outcomes. Under the USAID PROPEL Health project, PRB produces the World	
	Population Data Sheet and supports local solutions for evidence-based	
	policy, financing, governance, and advocacy. PRB works in 4 Kenyan	
	counties to strengthen local health governance under the USAID Stawisha	
	Pwani project by promoting budget transparency, youth engagement, and	
	evidence-based decision-making through the strategic use of data. Under	
4b	(Code:) (Expenses \$1,921,893. including grants of \$20,000. ) (Revenue \$	971 345.
	U.S. Programs:	
	PRB's KidsData program tracks more than 900 indicators including	
	safety, health, education, and economic security of children and youth	
	to inform policymakers, advocates, public agencies, and nonprofits	
	about the toughest issues impacting California's children and	
	communities. For the U.S. Census Bureau, PRB supports data users of the	
	American Community Survey by producing resources, maintaining an online	
	community, and organizing conferences and events. PRB staff provide	
	feedback on the design and measurement of the KIDS COUNT index, offer	
	technical support to data users, organize a data institute, and compile	
	data for the KIDS COUNT Data Book, produced annually by the Annie E.	
4c	(Code:) (Expenses \$	272.
	Communications Programs:	
	PRB produces bulletins, blog posts, and other analysis on demographic	
	trends and other policy-relevant topics. PRB makes a wide range of	
	resources available on its website for public use. PRB supports	
	development of the World Population Data Sheet (WPDS) and its broad	
	dissemination.	
4-1	Ohle av ang awang agus isaga (Dagasiika ang Caleadula O.)	
4d	,	,
_	(Expenses \$\text{ including grants of \$}\) (Revenue \$	)
<u>4e</u>	Total program service expenses 9,472,841.	Form <b>990</b> (2023
		Lorm MMU (2022)

53-0214030

# Form 990 (2023) 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<del></del>
0	, ,	8		x
0	Schedule D, Part III	-		<del></del>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\vdash$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Gordon Gordon Corractor, Gordon (79), mile 1: 11 165. Complete Gorleuule I, Faits I and II			1

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Pa	rt IV Checklist of Required Schedules (continued)		T.,	Ι
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		Х	<u> </u>
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		l	
	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	<b>;</b>		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
00	Schedule L, Part I	230		<del></del>
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	<u>26</u>		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% control			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			Х
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			х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	······   <del>31</del>		
OZ.	, ,	32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<del></del>
33		00		x
	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			۱,,
	Part V, line 1	<b>I</b>		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	on?		
	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?			
		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	00	1	
	Check if Schoolule O contains a vacanance or note to any line in this Dort V			
	Check if Scriedule O contains a response or note to any line in this Part v	<u></u>	V	AL-
	Fatou the graph or was add in her 0 of Farm 1000 Fatou 0 if and any Parkle	56	Yes	No
та	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			

 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Form 990 (2023) Population Reference Bureau, Inc.

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

	o o i journaday			
0-	Fater the growth are of applications and also Fame W.O. Transposition of Warra and Tay Obstansiate		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.			
<b>L</b>	incu for the calcinate year chains with or within the year covered by this retain.	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a	- 21	х
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	If "Yes," has it filed a Form 990-1 for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country  Kenya	iu		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  N/A	_		
0	Specifically dispersion flate exceeds business florally and year.	8		
9 a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:	36		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	organization is licensed to issue qualified health plans  13b			
C	Enter the amount of reserves on hand	44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х
	excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	In the constitution and the stimulation of the time that the the continue to t	16		х
10	If "Yes," complete Form 4720, Schedule O.	.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes," complete Form 6069.			

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			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 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?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNone			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Immanuel Wolff - (202) 483-1100			
	1111 19th Street, NW, Suite 400, Washington, DC 20036			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

Name and title	(A)	(B)	J			C)	.,5 0		(D)	(E)	(F)
Note			(da		Pos	ition					
Comparison   Com		hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
Time		1	H	cer an	id a d	irecto	r/trus	tee)			
Time		1 '	irecto							•	
Time			e or d	tee			sated		_	,	
Time		1	truste	al trus		yee	m pen		,	1000 NEO)	"
Time		"	idual	ution	 	oldma	est co oyee	er	,		
President & CEO (Until 5/2024)		line)	Indiv	Instit	Office	Key e	Highe	Form			
Section   Sect	(1) Jeffrey Jordan	50.00									
X   289,518.   0.   26,662.	President & CEO (Until 5/2024)		Х		Х				357,544.	0.	57,162.
3   Viresh Desai	(2) Barbara Seligman	50.00									
CFO (Until 12/2023)	CSGO; SVP International Programs					Х			289,518.	0.	26,662.
(4) Diana Elliott	(3) Viresh Desai	50.00									
VP US Programs	CFO (Until 12/2023)				Х				257,138.	0.	47,343.
Solution   Solution	(4) Diana Elliott	50.00									
Senior Director of Strategic Communi	VP US Programs						Х		208,925.	0.	15,306.
Column	(5) John Penn	50.00									
AVP International Programs (Until 1/	Senior Director of Strategic Communi						Х		174,087.	0.	38,217.
Color	(6) Marlene Lee	50.00									
X	AVP International Programs (Until 1/						Х		181,974.	0.	25,458.
Nark Mather	(7) Elizabeth Madsen	50.00									
AVP International Programs (Until 7/	AVP US Programs (Until 7/2024)						Х		179,196.	0.	16,159.
(9) Immanuel Wolff     50.00     X     145,958.     0.     16,780.       VP, Finance (From 1/2024)     X     X     145,958.     0.     16,780.       (10) Jennifer Madans     5.00     X     X     0.     0.     0.       Chair     X     X     0.     0.     0.       (11) Thomas Dillon     2.00     X     X     0.     0.     0.       Vice Chair     X     X     0.     0.     0.     0.       (12) Bobby Jefferson     1.00     X     X     0.     0.     0.       Vice Chair & Treasurer     X     X     0.     0.     0.       (13) Robert Crosnoe     2.00     X     X     0.     0.     0.       Secretary     X     X     0.     0.     0.     0.       (14) Nihal Goonewardene     2.00     X     0.     0.     0.       Trustee     X     X     0.     0.     0.       (15) Isabella Aboderin     1.00     0.     0.     0.     0.       Trustee     X     0.     0.     0.     0.     0.       (17) Yoonjoung Choi     1.00     0.     0.     0.     0.     0.	(8) Mark Mather	50.00									
VP, Finance (From 1/2024)         X         145,958.         0.         16,780.           (10) Jennifer Madans         5.00         X         X         0.         0.         0.           Chair         X         X         X         0.         0.         0.           Vice Chair         X         X         X         0.         0.         0.           (12) Bobby Jefferson         1.00         X         X         0.         0.         0.           Vice Chair & Treasurer         X         X         0.         0.         0.         0.           (13) Robert Crosnoe         2.00         X         X         0.         0.         0.           Secretary         X         X         0.         0.         0.         0.           (14) Nihal Goonewardene         2.00         X         X         0.         0.         0.           Trustee         X         X         X         0.         0.         0.         0.           (15) Isabella Aboderin         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	AVP International Programs (Until 7/						Х		180,605.	0.	12,682.
Chair		50.00									
Chair         X         X         X         0.         0.         0.           (11) Thomas Dillon         2.00         X         X         0.         0.         0.           Vice Chair         X         X         0.         0.         0.         0.           Vice Chair & Treasurer         X         X         0.         0.         0.         0.           Secretary         X         X         0.         0.         0.         0.         0.           14) Nihal Goonewardene         2.00         X         X         0.<	,				Х				145,958.	0.	16,780.
Note Chair	(10) Jennifer Madans	5.00									
Vice Chair         X         X         X         0.         0.         0.           (12) Bobby Jefferson         1.00         X         X         0.         0.         0.           Vice Chair & Treasurer         X         X         0.         0.         0.         0.           (13) Robert Crosnoe         2.00         X         X         0.         0.         0.         0.           Secretary         X         X         0.         0.         0.         0.         0.           (14) Nihal Goonewardene         2.00         X         X         0.         0.         0.         0.           Treasurer & Secretary         X         X         0.         0.         0.         0.         0.           (15) Isabella Aboderin         1.00         0.	Chair		Х		Х				0.	0.	0.
(12) Bobby Jefferson       1.00       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		2.00									
Vice Chair & Treasurer       X       X       X       0.       0.       0.         (13) Robert Crosnoe       2.00       X       X       0.       0.       0.         Secretary       X       X       0.       0.       0.         (14) Nihal Goonewardene       2.00       X       0.       0.       0.         Treasurer & Secretary       X       X       0.       0.       0.         (15) Isabella Aboderin       1.00       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.         (16) Nihal Chauhan       1.00       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.         (17) Yoonjoung Choi       1.00       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.			Х		Х				0.	0.	0.
(13) Robert Crosnoe         2.00         X         X         0. <td>_</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	_	1.00									
X   X   X   X   X   X   X   X   X   X			Х		Х				0.	0.	0.
(14) Nihal Goonewardene       2.00       X       X       0.       0.       0.       0.         Treasurer & Secretary       X       X       0.       0.       0.       0.         (15) Isabella Aboderin       1.00       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.         (16) Nihal Chauhan       1.00       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.         (17) Yoonjoung Choi       1.00       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.       0.	(13) Robert Crosnoe	2.00	1								
Treasurer & Secretary         X         X         X         0.         0.         0.           (15) Isabella Aboderin         1.00         X         0.         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.           (16) Nihal Chauhan         1.00         X         0.         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.           Trustee         X         0.         0.         0.         0.			Х		Х				0.	0.	0.
(15) Isabella Aboderin     1.00       Trustee     X       (16) Nihal Chauhan     1.00       Trustee     X       (17) Yoonjoung Choi     1.00       Trustee     X       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.       0.     0.	(14) Nihal Goonewardene	2.00	1								
Trustee         X         0.         0.         0.           (16) Nihal Chauhan         1.00         X         0.         0.         0.           Trustee         X         0.         0.         0.         0.           (17) Yoonjoung Choi         1.00         X         0.         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.			Х		Х				0.	0.	0.
(16) Nihal Chauhan     1.00       Trustee     X       (17) Yoonjoung Choi     1.00       Trustee     X         0.     0.       0.     0.       0.     0.	(15) Isabella Aboderin	1.00	1								
Trustee     X     0.     0.     0.       (17) Yoonjoung Choi     1.00     0.     0.     0.       Trustee     X     0.     0.     0.			Х						0.	0.	0.
(17) Yoonjoung Choi         1.00           Trustee         X           0.         0.		1.00	-								
Trustee X 0. 0. 0.			Х						0.	0.	0.
		1.00	-								
	Trustee		Х						0.	0.	

332007 12-21-23

1 61111 666 (2626)	Reference Bu	rea	u,	Inc					53-021403	0 Page <b>8</b>
Part VII Section A. Officers, Directors, T	rustees, Key Em	oloy	ees,	anc	Hi	ghes	t Co	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount 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)	compensation from the organization and related organizations
(18) Geoff Dabelko	1.00									
Trustee		Х						0.	0.	0.
(19) Patricia Foxen	1.00									
Trustee		Х						0.	0.	0.
(20) Abbey Glenn	1.00									
Trustee		Х						0.	0.	0.
(21) Jamie Herring	1.00									
Trustee		Х						0.	0.	0.
(22) Joan Kahn	1.00									
Trustee		Х						0.	0.	0.
(23) Thomas Legrand	1.00									
Trustee		Х						0.	0.	0.
(24) Anneliese Palmer	1.00									
Trustee		Х						0.	0.	0.
(25) Kyler Sherman-Wilkins	1.00									
Trustee		Х						0.	0.	0.
(26) Richard Woods	1.00									
Trustee		Х						0.	0.	0.
1b Subtotal								1,974,945.	0.	255,769.
c Total from continuation sheets to Par								0.	0.	0.
d Total (add lines 1b and 1c)								1,974,945.	0.	255,769.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Frontline Managed Services, 1990 K Street,		
NW, Suite 600, Washington, DC 20006	IT Support	219,751.
Credo Communications Advisory Limited, 5		
Kikuyu Close, Off Aminu Kano Crescent	Technical Advisory	135,936.
Tamar Abrams		
91 Main Street, #408, Warren, RI 02885	Writing Services	105,300.

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

See Part VII, Section A Continuation sheets

Form 990 (2023)

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Form 990 Population Reference Bureau, Inc. 53-0214030										
Part VII   Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per	`				Τ	<u>,,                                    </u>	from	from related	other
	week					ee Jee		the	organizations	compensation
	(list any	ctor				e e		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ed er		(W-2/1099-MISC)		organization
	related	tee o	ıstee			an sat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	idua	tutio	Þ	emp	est c	Jer.			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) Jennifer Sciubba	50.00									
President & CEO (From 5/2024)		Х		х				0.	0.	0
		-								
	1				-					
	1									
		-								
		-								
		L	L	L		L	L			
		1	-			-	1			
Total to Dort VII Continu A line 4 -										
Total to Part VII, Section A, line 1c								<u> </u>		

Form 990 (2023) Population
Part VIII Statement of Revenue

		Check if Schedule O contains a res	sponse	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns 1	а					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1						
ي ق	-	Fundraising events 1	_					
fts, r A		Related organizations 1						
ig ig		Government grants (contributions)		6,980,035.				
Sin	•	All other contributions, gifts, grants, and	-	0,200,000.				
utic le ri	'			1,228,173.				
ĕ₽		similar amounts not included above 1		1,220,173.				
no Dd	٥	· · · · · · · · · · · · · · · · · · ·	g  \$		8,208,208.			
Oa	<u> </u>	Total. Add lines 1a-1f		Business Code	0,200,200.			
	_	Control of Domenius		900099	2 021 674	2 021 674		
<u>ic</u>	2 a	- 111			2,031,674.	2,031,674.		
er v	b	Publications		900099	9,198.	9,198.		
Program Service Revenue	C	·						
ra Sev	C							
og T	e							
۵	f	All other program service revenue						
	Ç	Total. Add lines 2a-2f			2,040,872.			
	3	Investment income (including dividends	s, intere	st, and				
		other similar amounts)			254,208.			254,208.
	4	Income from investment of tax-exempt	bond p	roceeds				
	5	Royalties			2,109.			2,109.
		(i) R	leal	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	c	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) Section (ii) Section (ii)	urities	(ii) Other				
		assets other than inventory <b>7a</b> 3,168	3,268.					
	b	Less: cost or other basis						
ē		and sales expenses	L,193.					
ther Revenue	c	Gain or (loss) 7c 1,237						
ě		Net gain or (loss)		•	1,237,075.			1,237,075.
ē		Gross income from fundraising events (not						
퉏	-	including \$ o	.					
		contributions reported on line 1c). See	- 1					
		Part IV, line 18	- 1					
	h	Less: direct expenses	- 1					
		Net income or (loss) from fundraising e		l				
		Gross income from gaming activities. S						
	5 6	Part IV, line 19						
	h	Less: direct expenses	- 1					
		Net income or (loss) from gaming activity						
		Gross sales of inventory, less returns						
	10 6		100					
		and allowances	- 1					
		Less: cost of goods sold						
$\dashv$		Net income or (loss) from sales of inver	itory	Business Code				
sn	44 -	Miscellaneous		900099	2,686.			2,686.
ne e	11 a			500099	2,000.			2,000.
Miscellaneous Revenue	b							<u> </u>
Sce	C							<u> </u>
ž	C	All other revenue			2 606			
		Total. Add lines 11a-11d			2,686.	2 040 972	0	1 406 070
	12	Total revenue. See instructions			11,745,158.	2,040,872.	0.	1,496,078.

332009 12-21-23

53-0214030

# 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).

Dc :	Check if Schedule O contains a respons ot include amounts reported on lines 6b,		(B)	(C)	(D)
	ot include amounts reported on lines 66, 86, 96, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,316,544.	2,316,544.		
	Grants and other assistance to domestic	10 117	40.445		
	individuals. See Part IV, line 22	12,117.	12,117.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	212 122	242.422		
	individuals. See Part IV, lines 15 and 16	210,190.	210,190.		
	Benefits paid to or for members				
	Compensation of current officers, directors,	1 106 004	0.41 0.05	0.61 0.40	2 140
	trustees, and key employees	1,106,884.	841,895.	261,840.	3,149
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	. =05.			
	Other salaries and wages	4,704,161.	3,577,980.	1,112,802.	13,379
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	269,532.	205,006.	63,760.	766
	Other employee benefits	310,179.	235,922.	73,375.	882
	Payroll taxes	405,647.	308,535.	95,958.	1,154
	Fees for services (nonemployees):				
а	Management				
b	Legal	13,020.	620.	12,400.	
С	Accounting	82,612.	3,933.	78,679.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	87,761.		87,761.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	923,826.	354,190.	569,087.	549
12	Advertising and promotion				
	Office expenses	331,524.	276,014.	55,054.	456
	Information technology	206,568.	175,506.	31,030.	32
	Royalties				
	Occupancy	296,204.	237,305.	58,136.	763
	Travel	174,497.	146,204.	28,160.	133
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	298,446.	231,419.	66,159.	868
23	Insurance	63,591.	50,499.	12,922.	170
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.)				
	Dues and Subscriptions	317,243.	284,236.	32,582.	425
b	Equipment Rental and Ma	20,359.	703.	19,654.	2
С	Bad Debt	8,195.		8,195.	
d	Taxes	2,780.	307.	2,472.	1
	All other expenses	28,768.	3,716.	25,040.	12
	Total functional expenses. Add lines 1 through 24e	12,190,648.	9,472,841.	2,695,066.	22,741
	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 (2023) Part X Balance Sheet

ı a	IL A	Check if Schedule O contains a response or	note to an	v line in this Part Y			
		CHECK II SCHEdule O Contains a response or	note to an	y line in this Fart A	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			500.	1	500.
	2	Savings and temporary cash investments			1,459,843.	2	1,701,958.
	3	Pledges and grants receivable, net		1	688,451.	3	899,787.
	4	Accounts receivable, net		199,641.	4	400,836.	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified per	sons (as defined			
		under section 4958(f)(1)), and persons descri		6			
Ŋ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			179,819.	9	81,128.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,144,019.			
	b	Less: accumulated depreciation	10b	573,563.	1,865,854.	10c	1,570,456.
	11	Investments - publicly traded securities			8,597,902.	11	8,224,180.
	12	Investments - other securities. See Part IV, lin		20,586.	12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,814,771.	15	1,613,513.		
	16	Total assets. Add lines 1 through 15 (must e			14,827,367.	16	14,492,358.
	17	Accounts payable and accrued expenses			1,101,178.	17	1,157,002.
	18	Grants payable		18			
	19	Deferred revenue		997,934.	19	151,857.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or f	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su					
abi		controlled entity or family member of any of	hese pers	ons		22	
Ξ	23	Secured mortgages and notes payable to un		23			
	24	Unsecured notes and loans payable to unrela	ated third p	parties		24	
	25	Other liabilities (including federal income tax	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			3,506,938.	25	3,149,144.
	26	Total liabilities. Add lines 17 through 25			5,606,050.	26	4,458,003.
		Organizations that follow FASB ASC 958,	check her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions	8,142,419.	27	9,148,322.		
Ba	28	Net assets with donor restrictions		1,078,898.	28	886,033.	
pun		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur			29		
se	30	Paid-in or capital surplus, or land, building, o			30		
t As	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			9,221,317.	32	10,034,355.
	33	Total liabilities and net assets/fund balances			14,827,367.	33	14,492,358.

Pa	T 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	11	745,	158.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	,190,	648.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	445,	490.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,221,	317.
5	Net unrealized gains (losses) on investments	5	1	,258,	528.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10	,034,	355.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	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	Х	
	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	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				
b	<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2023)

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#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

			Popula	tion Reference 1	Bureau, Inc.					53-0214030	
Pa	rt I		Reason for Public C	Charity Status. (	All organizations must c	omplete th	nis part.) S	ee instructions	S.		
The	orga	٦.	ation is not a private found A church, convention of ch	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		٦.	A hospital or a cooperative		•		(b)(1)(A)(ii	i).			
4		-	A medical research organiza						(iii). Enter	the hospital's name.	
			city, and state:	· ·	,			( /( - //- 4	(,-	,	
5		_	An organization operated fo	or the benefit of a coll	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	_
•			section 170(b)(1)(A)(iv). (C				, 9-				
6		٦.	A federal, state, or local gov		ental unit described in	section 17	70(h)(1)(A)	(v)			
7	Х	٦.	An organization that normal	_					e general i	nublic described in	
'		_	section 170(b)(1)(A)(vi). (Co	•	itiai part of its support if	om a gove	illincina i		c general	public described in	
		٦.		-	1VAVvil (Complete Bod	+ II \					
8		٦.	A community trust describe			•	ad in agnic	notion with a	land arant	aallaga	
9			An agricultural research org				-		-	•	
			or university or a non-land-g	rant college of agricu	liture (see instructions).	Enter the i	name, city	, and state of t	ne college	e or	
		-	university:								_
10			An organization that normal								
			activities related to its exem		•					-	
			ncome and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the orga	anization a	after June 30, 1975.	
		٦.	See <b>section 509(a)(2).</b> (Cor	•							
11		٦.	An organization organized a	•	•	•					
12			An organization organized a	•	•	-			•		
			more publicly supported or	-						Check the box on	
	_	_	ines 12a through 12d that of						-		
а			Type I. A supporting orga	•		•	-				
			the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting	
	_	_	organization. You must c	omplete Part IV, Se	ctions A and B.						
b	L		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	/ing	
			control or management of	f the supporting orga	inization vested in the sa	ame perso	ns that co	ntrol or manag	e the sup	ported	
		_	organization(s). You mus	t complete Part IV, S	Sections A and C.						
С	L		Type III functionally inte	<b>grated.</b> A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,	
		_	its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.			
d	L		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its support	ted organiz	zation(s)	
			that is not functionally into	egrated. The organiza	ation generally must sati	isfy a distr	ibution rec	uirement and	an attentiv	veness	
		_	requirement (see instructi	ons). You must com	plete Part IV, Sections	A and D,	and Part	V.			
е	L		Check this box if the orga					Type I, Type I	I, Type III		
			functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.				_
			the number of supported of	•							_
g	Pro		de the following information			(iv) Is the oraș	ınization listed				_
		(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions	۸
			organization		above (see instructions))	Yes	No	support (see iii	Structions)	support (see instructions	<u>,</u>
											_
											_
											_
											_
<b>.</b>											_

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### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13,697,018.	16,112,377.	13,179,235.	11,325,724.	8,208,208.	62,522,562.
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	13,697,018.	16,112,377.	13,179,235.	11,325,724.	8,208,208.	62,522,562.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,223,972.
6	Public support. Subtract line 5 from line 4.						56,298,590.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	13,697,018.	16,112,377.	13,179,235.	11,325,724.	8,208,208.	62,522,562.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	274,147.	221,206.	177,549.	246,164.	256,317.	1,175,383.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					2,686.	2,686.
11	<b>Total support.</b> Add lines 7 through 10						63,700,631.
	Gross receipts from related activities,	etc. (see instruction	ins)			12	2,189,925.
	First 5 years. If the Form 990 is for the	•	,	fourth, or fifth tax y	ear as a section 50	D1(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	ivided by line 11, c	column (f))		14	88.38 %
15	Public support percentage from 2022	Schedule A, Part I	II, line 14			15	86.00 %
	33 1/3% support test - 2023. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-	-	*	-		
	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu				· ·		
18	<b>Private foundation.</b> If the organization				•		
	<u> </u>		•	. ,			(Form 990) 2023

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## 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

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Schedule A (Form 990) 2023

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? |f "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).
- 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.)

		Yes	No
	1		
	2		
	0-		
	3a		
	3b		
	OD.		
	3с		
	00		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	- 30		
	10a		
_	10b	000	
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Schedule A (Form 990

· ai	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	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.	1		
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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 55	
•	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).	1		
Sec	tion 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		
Sec	tion 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 in.	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	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.	3a		
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.	3b		
	· · · · · · · · · · · · · · · · · · ·			

2023.06000 POPULATION REFERENCE BURE 96341\_\_1

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must		·		
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see	
	instructions).			,	

Schedule A (Form 990) 2023

Par	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	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	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 (describe in Part VI). See instructions.		6		
_7_	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
		(i)	(ii)	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
c	From 2020				
d	From 2021				
<u>e</u>	From 2022				
<u>f</u>	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>a</u>	Excess from 2022  Excess from 2023				

Schedule A (Form 990) 2023

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

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2023

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
The William and Flora Hewlett Foundation	3,617,806.	2,343,793.
The Annie E. Casey Foundation	2,411,743.	1,137,730.
Bill & Melinda Gates Foundation	2,066,847.	792,834.
Lucille Packard Foundation for Children	2,329,579.	1,055,566.
The Susan Thompson Buffett Foundation	1,789,323.	515,310.
Palladium International, LLC	1,652,752.	378,739.
		_
Total Excess Contributions to Schedule A, Part II, Line 5		6,223,972.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

Po	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 <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	•			
Special Rules					
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an 19 the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one			
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from 19 the year, total contributions of more than \$1,000 exclusively for religious, charitable, so 19 tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	cientific,			
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may be there the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it bole, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>			
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (File 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PFing requirements of Schedule B (Form 990).	• • • • • • • • • • • • • • • • • • • •			
For Paperwork Reduction Ad	ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

Population Reference Bureau, Inc.

53-0214030

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional and the copies of	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<b>No.</b> 5	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<b>No.</b> 6	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

Population Reference Bureau, Inc.

53-0214030

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.								
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
	\$							
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
	\$							
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
	\$							
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
	\$							
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
	\$							
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
	(b) Description of noncash property given  (b) Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)						

Schedule B (Form 990) (2023)

Name of organization

varrie or or	rganization			Employer identification number						
	on Reference Bureau, Inc.			53-0214030						
Part III	from any one contributor. Complete columns (a) the	rough (e) and the following line entry	. For organizations							
	completing Part III, enter the total of exclusively religious, char Use duplicate copies of Part III if additional spa	itable, etc., contributions of \$1,000 or les	ss for the year. (Enter this info.	once.) \$						
(a) No. from										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
	.									
		(e) Transfer of gift								
	Transferee's name, address, and	7IP + 4	Relationship of tr	ansferor to transferee						
	Transfered & Harrie, additions, unit		rioidaonomp or a							
(a) No										
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
Part I										
L										
	(e) Transfer of gift									
	Therefore the control of the control									
	Transferee's name, address, and	Relationship of tr	ansferor to transferee							
( ) ) )										
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
Part I	.,,,	., .	1							
			_							
			_							
		(e) Transfer of gift								
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
Part I	(,,	(-, 3	(-,							
			_							
			_							
		(e) Transfer of gift								
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee						

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

Population Reference Bureau, Inc. 53-0214030 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2023

Assets included in Form 990, Part X

	t III Organizations Maintaining Col	llections of Art	, Historical Trea	asures, or O	ther S	imilar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	, and other records	, check any of the fo	ollowing that ma	ke signi	ficant us	se of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exch	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they further the	e organization's	exempt	purpose	e in Part i	XIII.	
5	During the year, did the organization solicit or r	eceive donations of	f art, historical treas	ures, or other sir	nilar as	sets			
	to be sold to raise funds rather than to be main							Yes	☐ No
Par	t IV Escrow and Custodial Arrange		e if the organization	answered "Yes"	on For	m 990, I	Part IV, lii	ne 9, or	
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodian						_	-	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the follo	owing table:						
								Amount	
	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Form					•	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII. C								
Par	Complete ii ii					Thurs	ana baali	(-) [	.aaua baali
	<del>_</del>	(a) Current year	(b) Prior year	(c) Two years ba	<u> </u>		ars back		
	Beginning of year balance	56,800.	56,800.	656,88	50.	1,25	6,880.		56,880.
b	Contributions							1,2	00,000.
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities			600.00		<b>C</b> 0	0 000		
_	and programs			600,00	, ,	60	0,000.		
f	Administrative expenses	F.C. 000	F.C. 000	F.C. 0.0		<u></u>	<i>c</i> 000	1 0	F.C. 000
g	End of year balance	56,800.	56,800.	56,88	50.	65	6,880.	1,2	56,880.
2	Provide the estimated percentage of the currer	•		held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 100	%							
С	Term endowment								
٥-	The percentages on lines 2a, 2b, and 2c should	•	to a thout our leader on	al a alordo taka ora al <b>e</b>					
Зa	Are there endowment funds not in the possess	ion of the organizat	ion that are neid an	a administered t	or tne			Г	res No
	organization by:								X
								3a(i)	X
h	If "Yes" on line 3a(ii), are the related organization	no listed so require	nd on Cohodulo B2					3a(ii)	<del></del>
<i>1</i>	Describe in Part XIII the intended uses of the or							SU	
Par			ment funds.						
	Complete if the organization answered '		Part IV. line 11a. Se	ee Form 990. Pa	rt X. line	e 10.			
	Description of property	(a) Cost or ot		T T		ımulated	4	(d) Book	value
	2000. Property	basis (investm	` '	1 '		ciation	_	(4, 500)	. 4.40
1a	Land	<del> </del>	,	·					
	Buildings								
	Leasehold improvements		1.	532,587.		239,2	33.	1,2	93,354.
d	Equipment		,	·				•	
	Other			611,432.		334,3	30.	2	77,102.
	. Add lines 1a through 1e. (Column (d) must equ	ial Form 990 Part X	( line 10c. column l	(B))					70,456.
_				-,,		_			

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Population Refe	erence Bureau, Inc.		53-0214030	Page 3
Part VII Investments - Other Securities	•			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
<u>(F)</u>				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.				
Complete if the organization answered "Ye	s" on Form 990 Part IV line	11c See Form 990 Part X line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market	
	(b) Book value	(c) Wellied of Valuation. Cost of	Cha or your market	- value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	a) Description		(b) Book	value
(1) Deposits				79,596.
(2) Right-of-Use Assets			1,	533,917.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15,	col. (B))		1 ,	613,513.
Part X Other Liabilities	- II F 000 D+ IV/ I'	4444. O F 000. D+-V. I'	. 05	
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes (2) Deferred Rent			2	140 144
<u></u>			3,	149,144.
(3)				
(5)				
<u>(6)</u>				
(8)				
(9) T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			2	1/0 1/4
Total. (Column (b) must equal Form 990, Part X, line 25,	col. (B))		3,	149,144.

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

Schedule D (Form 990) 2023

53-0214030

Pai	Reconciliation of Revenue per Audited Financial Stater  Complete if the organization answered "Yes" on Form 990, Part IV, line 1		revenue per ne	turn	
1	Total revenue, gains, and other support per audited financial statements			1	13,003,686.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,258,528.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,258,528.
3	Subtract line 2e from line 1			3	11,745,158.
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			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,745,158.
Pai	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	12,190,648.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	*			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	12,190,648.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b		_	0
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			4c 5	12,190,648.
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a  V, line 4:			; Part X, li	ine 2; Part XI,
Endo	wment funds consist of contributions received in which the	donors			
stip	ulated the funds be maintained in perpetuity for the overal	l mission			
and	purpose of PRB.				
Part	X, Line 2:				
The	Organization evaluates uncertainty in income tax positions	based on a			
more	-likely-than-not recognition standard. If that threshold i	s met, the			
tax	position is then measured at the largest amount that is gre	ater than			
50%	likely of being realized upon ultimate settlement. As of Se	ptember 30,			
2024	, there are no accruals for uncertain tax positions. If app	licable,			
the	Organization records interest and penalties as a component	of income			
CIIC					D (Form 990) 2023

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** Population Reference Bureau, Inc. 53-0214030 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Sub-Saharan Africa -Angola, Benin, Botswana, Burkina Faso 0 Grantmaking 210,190. 326,278. Sub-Saharan Africa 8 1 Program Services Project Implementation 1 8 536,468. 3 a Subtotal ..... **b** Total from continuation 0 sheets to Part I ...... c Totals (add lines 3a 536,468. and 3b)

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

Schedule F (Form 990) 2023

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						
		Africa - Angola,	Support early-career					
		Benin, Botswana,	research					
		Burkina Faso,	dissemination	7,200.	Wire	0.		
			Stakeholder					
			engagement on unpaid					
		Sub-Saharan	domestic work and its					
		Africa	social impact	5,779.	Wire	0.		
			Analysis and	,				
			technical assistance					
		Sub-Saharan	on women's unpaid					
		Africa	care work	150,600.	Wire	0.		
			Stakeholder	,				
			engagement on unpaid					
		Sub-Saharan	domestic work and its					
		Africa	social impact	5,926.	Wire	0.		
			Stakeholder					
			engagement on unpaid					
		Sub-Saharan	domestic work and its					
		Africa	social impact	5,648.	Wire	0.		
			Stakeholder					
			engagement on unpaid					
		Sub-Saharan	domestic work and its					
		Africa	social impact	8,929.	Wire	0.		
			Stakeholder					
			engagement on unpaid					
		Sub-Saharan	domestic work and its					
		Africa	social impact	7,585.	Wire	0.		

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

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. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (f) Amount of (c) Number of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement noncash assistance recipients cash grant noncash assistance Travel grant to support research and reporting on health topics in India. South Asia 3,008.Wire 0. Travel grant to support research and reporting on Sub-Saharan health topics in Nigeria. Africa 11,515.Wire 0.

Part IV	oreign Forms
---------	--------------

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Part V   Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line 2:
PRB clearly defines monitoring roles & responsibilities. PRB collects
pre-award due diligence with all grantees and adjusts award terms &
monitoring requirements based on expected risk. Program staff oversee
award implementation and review progress reports. Financial reports are
reviewed by cognizant finance and program staff. PRB conducts compliance
kick-offs and audits recipients where appropriate.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

Open to Public Inspection

Name of the organization							Employer identification number
Population Ref		ı, Inc.					53-0214030
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t							
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
(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
Developing Radio Partners							Capacity development to
910 17th Street, NW, 7th Floor							community radio stations
Washington DC 20006	06-1710103	501(c)(3)	185,329.	0.			in Malawi
,							Learning, monitoring, and
JSI Research & Training Institute							evaluation under MOMENTUM
44 Farnsworth Street							Knowledge Accelerator
Boston, MA 02210	04-2679824	501(c)(3)	1,479,556.	0.			project
							Facilitating exchange and
Population Association of America							dissemination of
1436 Duke Street							population dynamics
Alexandria, VA 22314	52-6041444	501(c)(3)	20,000.	0.			research findings and
President and Fellows of Harvard							Adaptive learning under
College - 401 Park Drive, 3rd							MOMENTUM Knowledge
Floor West - Boston, MA 02215	04-2103580	501(c)(3)	613,365.	0.			Accelerator project
The Regents of the University of							Technical advisory
California, Berkeley Campus - 1608							support on policy tools
Fourth Street, Suite 220 -							linked to unpaid domestic
Berkeley, CA 94710	94-6002123	501(c)(3)	18,294.	0.			care work
	<u> </u>		<u> </u>				
2 Enter total number of section 501(c)(3) ar	-	-					
3 Enter total number of other organizations	s listed in the line	i table					U.

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 Population Reference	Bureau, Inc.				53-0214030	Page
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed		e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncas	sh assistance
Travel Grant	11	12,117.	0.			
Part IV Supplemental Information. Provide the information re	equired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.		
Part I, Line 2:						
PRB clearly defines monitoring roles & responsibi	lities. PRB c	ollects				
pre-award due diligence with all grantees and adj	usts award te	rms &				
monitoring requirements based on expected risk. F	rogram staff (	oversee award				
implementation and review progress reports. Finan	cial reports	are reviewed				
by cognizant finance and program staff. PRB condu	cts compliance	e kick-offs				
and audits recipients where appropriate.						

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Population Reference Bureau, Inc.

Employer identification number 53-0214030

Pa	art I Questions Regarding Compensation						
				Yes	No		
<b>1</b> a	Check the appropriate box(es) if the organization provided any	of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization	follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described about	ove? If "No," complete Part III to explain	1b		<u> </u>		
2	Did the organization require substantiation prior to reimbursing	or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, req	garding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to	establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any						
	establish compensation of the CEO/Executive Director, but exp	lain in Part III.					
	X Compensation committee	Written employment contract					
	Independent compensation consultant	Compensation survey or study					
	X Form 990 of other organizations	X Approval by the board or compensation committee					
	During the control of the control of the day France 200 Dect VIII Oc	allow A. Para de colle consent to the filter					
4	During the year, did any person listed on Form 990, Part VII, Se	ction A, line Ta, with respect to the filing					
_	organization or a related organization:		4-		х		
a	Receive a severance payment or change-of-control payment?	find wativement plan?	4a		X		
D	Participate in or receive payment from a supplemental nonquali	•	4b 4c		X		
C	Participate in or receive payment from an equity-based compen If "Yes" to any of lines 4a-c, list the persons and provide the app		40				
	ii Tes to any or lines 4a-c, list the persons and provide the app	oncable amounts for each item in Fait in.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation					
	contingent on the revenues of:						
а			5a		х		
b	Any related organization?		5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation					
	contingent on the net earnings of:						
а	The organization?		6a		Х		
			6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did						
	not described on lines 5 and 6? If "Yes," describe in Part III		7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accre	ued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.49	958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable	presumption procedure described in					
	Regulations section 53.4958-6(c)?		9				

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

Schedule J (Form 990) 2023

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.

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 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)	
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Jeffrey Jordan (i)		335,960.	20,000.	1,584.	26,274.	30,888.	414,706.	0.	
I	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) Barbara Seligman	(i)	287,934.	0.	1,584.	21,383.	5,279.	316,180.	0.	
I	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) Viresh Desai	(i)	256,250.	0.	888.	19,097.	28,246.	304,481.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) Diana Elliott	(i)	208,450.	0.	475.	13,940.	1,366.	224,231.	0.	
I	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) John Penn	(i)	173,612.	0.	475.	11,420.	26,797.	212,304.	0.	
Senior Director of Strategic Communi	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) Marlene Lee	(i)	180,612.	0.	1,362.	11,600.	13,858.	207,432.	0.	
AVP International Programs (Until 1/	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) Elizabeth Madsen	(i)	178,990.	0.	206.	11,600.	4,559.	195,355.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	178,130.	2,000.	475.	11,240.	1,442.	193,287.	0.	
AVP International Programs (Until 7/	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) Immanuel Wolff	(i)	145,752.	0.	206.	9,021.	7,759.	162,738.	0.	
VP, Finance (From 1/2024)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
I	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
(i)									
	(ii)								
	(i)								
	(ii)								

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

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

										T_					
							1 '	Employer identification number							
<b>D</b>			eference Bure								3-021				
Part I	Excess Bene														
	Complete if the o	organization ans	swered "Yes" on	Form 9	990, Pa	art IV, lin	e 25a or 25b	; or	Form 990-EZ, Pa	ırt V, I	ne 40	<u>b.</u>			
1 (a) Nam	e of disqualified p	erson (b)	Relationship bet			lified	10	c) D	escription of trans	sactio	(d) Corre			cted?	
( <b>a</b> ) Nam	e or aloqualifica p	010011	person and o	rganıza	ation			<b>5,</b> 5,					Y	es	No
(1)														_	
(2)														_	
(3)														_	
(4)															
(5)															
(6)															
2 Enter th	e amount of tax in	ncurred by the	organization man	nagers	or disq	qualified	persons dur	ing t	the year under						
section															
3 Enter th	e amount of tax, i	if any, on line 2	, above, reimburs	sed by	the org	ganizatio	on				\$				
David III															
Part II	Loans to and														
	Complete if the o	•				, Part V,	line 38a, or	Forn	n 990, Part IV, lin	e 26;	or if th	ne orga	ınizati	on	
	reported an amou							_				/h\ Ani	around		
٠,	Name of	(b) Relationship			an to or		Original	(f) Balance due			) In	(h) Approv		d or	
mieres	sted person	with organizatio	n of loan	organi	ization?	Princip	oal amount			defa	luit?	comm	ittee?	ayıee	T
				To	From					Yes	No	Yes	No	Yes	No
(1)				-											
(2)				-							<u> </u>				
(3)				-							<u> </u>				
(4)				-							<u> </u>				
(5)				-											
(6)				-							<u> </u>				
(7)				-											
(8)				-											
(9)				-											
(10)															
Total	Overste en Ac	oiotonoo Do					\$								
Part III	Grants or Ass		•												
	Complete if the o		swered "Yes" on	Form 9	90, Pa				I		$\overline{}$				
1 ` '		(b) Relationship between interested person and the organization			Amount of assistance	(d) Type of assistance		(e) Purpose of assistance			f				
(1)		+									+				
(2)		-									+				
(3)		-									+				
(4)											+				
<del>(4)</del> (5)											+				
(5) (6)											+				
( <del>0)</del> (7)											+				
(8)											$\dashv$				
(0)		I				1			I		- 1				

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

Schedule L (Form 990) 2023

(9)

(a) Name of interested person	ed "Yes" on Form 990, Part IV, line 28a, 28  (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
(1)Jeffrey Jordan	Former President &	3,150.	CEO Transit		Х
(2)					
(3)				<u> </u>	
_(4)				ــــــ	
(5)					
(6)					
(7)				_	
(8)				+	
(9)				+	
Part V Supplemental Information					
	sponses to questions on Schedule L. See i	nstructions			
Trovido additional information for rec	sponded to questions on constant E. Coc.	noti dotiono.			
Sch L, Part IV, Business Transactions	Involving Interested Persons:				
(a) Name of Person: Jeffrey Jordan					
(b) Relationship Between Interested B	Person and Organization:				
Former President & CEO					
(d) Description of Transaction: CEO	Transition Support				
			Schadula I		

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Population Reference Bureau Inc

**Employer identification number** 

ropulation Reference Bureau, Inc.	55-0214030
Form 990, Part I, Line 1, Description of Organization Mission:	
challenges facing our world.	
Form 990, Part III, Line 4a, Program Service Accomplishments:	
the Counting Women's Work program, PRB collaborates with a regional	
research center in West Africa to support estimation of the time women	
spend on unpaid care work, with the goal of valuing such work and	
helping model policies to reduce time burden on women. Under an Early	
Childhood Development (ECD) project, PRB develops and implements a	
strategy to share evidence around priority themes related to ECD to	
inform global programming and investment.	
Form 990, Part III, Line 4b, Program Service Accomplishments:	
Casey Foundation. PRB synthesizes and summarizes the work of population	
researchers for broad audiences through projects supported by the	
Eunice Kennedy Shriver National Institute of Child Health and Human	
Development and the National Institute on Aging. PRB supports state	
governments with population forecasts that inform effective policy	
responses to population changes.	_
Form 990, Part VI, Section A, line 4:	
The organization made the following revisions to its governing documents	
during the year:	
4/25/2024 - Revised articles of incorporation. Article SEVENTH is amended	
to remove explicit naming of trustees.	
10/18/2024 - Revised bylaws to clarify that President is a non-voting	
For Demanded Deduction Act Nation and the Instructions for Form 000 or 000 F7	Calcadula O (Farma 000) 0000

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2** 

**Employer identification number** Name of the organization Population Reference Bureau, Inc. 53-0214030 Trustee. 10/18/2024 - Adopted revised COI policy. 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 prepared by the organization's public accounting firm, Aprio LLP and is reviewed by the organization's Vice President of Finance. A final draft of the Form 990 is provided to each member of the organization's Board of Trustees for final review. Aprio walks through various schedules of the Form 990 with full board and answers any questions. After a board quorum approves 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: Compensation of the President/CEO is approved by the Board of Trustees based on a recommendation by the Executive Committee. Compensation for officers and key employees is determined by the CEO and VP, Finance in consultation with the head of Human Resources. Compensation for the VP, Finance is determined by the CEO in consultation with the head of Human Resources. Comparability data from similar organizations is used to compare both base salaries and increases.

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Population Reference Bureau, Inc.	53-0214030
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents, conflict of interest	
policy, and financial statements available to the public upon request and	
by way of Guidestar. Additionally, the financial statements are available	
in the organization's annual report and on PRB website.	
Form 990, Part XII, Line 2c:	
The board of trustees has charged the audit committee of the board of	
trustees with oversight of the independent audit. The process is	
crustees with oversight of the independent addit. The process is	
consistent with the prior year.	