



## TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

<b>Prepared by</b>	Grant Thornton LLP
<b>Special Instructions</b>	<p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p>
<b>Application for Recognition of Exemption</b>	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
<b>Requests made in person</b>	If the request is made in person, the organization must respond by the end of the business day.
<b>Requests made in writing</b>	If the request is made in writing, response is generally required within 30 days.
<b>Fees charged for copies</b>	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
<b>What if we post the Form 990 on our website?</b>	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
<b>What if we fail to comply with requests?</b>	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PACT, INC.		<b>D</b> Employer identification number 13-2702768
	Doing business as		<b>E</b> Telephone number (202) 466-5666
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1140 3RD STREET NE 400		<b>G</b> Gross receipts \$ 156,416,354.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20002		
<b>F</b> Name and address of principal officer: CAROLINE ANSTEY SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.PACTWORLD.ORG

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 1971 **M** State of legal domicile: DC

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	184
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	13
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	158,908,485.	153,578,532.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	698,883.	775,937.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,801.	256,814.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	876,261.	1,698,795.
		160,551,430.	156,310,078.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	73,598,721.	69,184,945.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,446,456.	52,468,382.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	8,895.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,289,653.	32,480,256.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	160,334,830.	154,133,583.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	216,600.	2,176,495.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	41,999,550.	66,694,066.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	30,887,153.	55,239,828.
	11,112,397.	11,454,238.	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer JOANN THEYS, INTERIM CFO		Date	
	Type or print name and title		<div style="font-size: 2em; font-weight: bold; text-align: center;">COPY - DO NOT FILE</div>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARY TORRETTA	Preparer's signature		
	Firm's name GRANT THORNTON ADVISORS LLC	Firm's EIN 99-1856619	Phone no. (703) 847-7500	
Firm's address 1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  PACT, INC.	Taxpayer identification number (TIN)  13-2702768
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1140 3RD STREET NE, 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JOANN THEYS

• The books are in the care of ▶ 1140 3RD STREET NE - WASHINGTON, DC 20002

Telephone No. ▶ (202) 466-5666 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until AUGUST 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning OCT 1, 2022, and ending SEP 30, 2023.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PACT ENABLES SYSTEMIC SOLUTIONS THAT ALLOW THOSE WHO ARE POOR AND MARGINALIZED TO EARN A DIGNIFIED LIVING, BE HEALTHY, AND TAKE PART IN THE BENEFITS THAT NATURE PROVIDES. (CONTINUED IN SCHEDULE O)

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

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

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

4a (Code: ) (Expenses \$ 21,822,959. including grants of \$ 13,403,548. ) (Revenue \$ 21,822,959. ) ACHIEVE TANZANIA COMMUNITY HEALTH SYSTEM STRENGTHENING

THIS YEAR, THE ACHIEVE PROGRAM IN TANZANIA REACHED 360,306 ORPHANS AND VULNERABLE CHILDREN (OVC) AND THEIR CAREGIVERS WITH COMPREHENSIVE CASE MANAGEMENT AND HIV SERVICES TO KEEP THEM SAFE, IN SCHOOL, HEALTHY, AND STABLE. OF THE 244,033 CHILDREN ACHIEVE SERVED 44,038 C/ALHIV IN TREATMENT SITES IN ACHIEVE'S TARGET COUNCILS. THE PROJECT ALSO PROVIDED TECHNICAL SUPPORT, COACHING, AND MENTORSHIP TO KIZAZI HODARI NATIONAL PRIME IMPLEMENTING PARTNERS (NPIPS) IN THE NORTHEASTERN AND SOUTHERN ZONES, AS WELL AS TO 13 NATIONAL IMPLEMENTING PARTNERS (NIPS) IMPLEMENTING THE ACHIEVE PROJECT IN 78 COUNCILS. FINALLY, ACHIEVE TOOK ON SYSTEM STRENGTHENING ACTIVITIES AND (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 10,671,901. including grants of \$ 6,749,009. ) (Revenue \$ 10,671,901. ) UKRAINE PUBLIC HEALTH SYSTEMS RECOVERY & RESILIENCE

IN FY23, PACT, IN PARTNERSHIP WITH CORE AND TECHNICAL PARTNERS, THE PUBLIC HEALTH SYSTEM RESILIENCE AND RECOVERY (PHS RR) ACTIVITY DEVELOPED A NATIONAL-LEVEL COMMUNICATION CAMPAIGN ON COVID AND INFLUENZA, VACCINATED 13,143 PEOPLE OF WHICH, 7,623 FOR COVID-19 AND 5,520 WERE ROUTINE VACCINATIONS VIA MOBILE VACCINATION TEAMS, PRINTED AND DISTRIBUTED OVER 100,000 COPIES OF INFORMATIONAL GUIDE AND LEAFLETS ON COVID-19 VACCINATION WITHIN ITS 8 FOCUS REGIONS TO HELP STRENGTHEN THE GOVERNMENT OF UKRAINE'S (GOU) CAPACITY TO PREVENT, DETECT, AND RESPOND TO PUBLIC HEALTH THREATS. THE PROJECT HELD 24 CAPACITY ASSESSMENTS AND INDEPENDENT (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 8,011,448. including grants of \$ 5,093,809. ) (Revenue \$ 8,011,448. ) ENGAGE UKRAINE PROJECT

DURING FY23, PACT, IN PARTNERSHIP WITH 248 LOCAL PARTNERS, IMPLEMENTS THE USAID-FUNDED ENGAGE ACTIVITY TO SUPPORT CIVIL SOCIETY IN UKRAINE WITH THE GOAL OF INCREASING CITIZEN AWARENESS OF AND ENGAGEMENT IN CIVIC ACTIVITIES AT THE NATIONAL, REGIONAL AND LOCAL LEVELS. THROUGH FLEXIBLE FUNDING AND TECHNICAL ASSISTANCE TO ITS PARTNER COMMUNITY SERVICE ORGANIZATIONS AS WELL AS THROUGH DIRECT ACTIVITIES, ENGAGE CONTINUES TO MAKE AN IMPACT, EMPLOYING OVER 4,200 ANALYTICAL AND MEDIA MATERIALS TO REACH AN EXPANSIVE AUDIENCE OF OVER 51.1 MILLION INDIVIDUALS. RESPONDING TO WARTIME NEEDS, ENGAGE PARTNERS CONTINUE TO PROVIDE ESSENTIAL AID TO 615,000 CITIZENS AND (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 89,528,133. including grants of \$ 43,938,579. ) (Revenue \$ )

4e Total program service expenses 130,034,441.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOANN THEYS - (202) 466-5666
1140 3RD STREET NE, WASHINGTON, DC 20002



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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FAHMID KARIM BHUIYA, MD COO, PGMF	0.00 40.00						X	0.	565,967.	12,877.
(2) CAROLINE ANSTEY PRESIDENT & CEO	40.00 5.00			X				467,310.	0.	28,306.
(3) JASON MEIKLE DEPUTY DIRECTOR, PGMF	0.00 40.00						X	0.	357,324.	12,877.
(4) CRISTINE BETTERS VP, BUSINESS DEVELOPMENT	40.00 0.00				X			284,954.	0.	43,411.
(5) RICHARD HARRISON MD, SMART POWER MYANMAR	40.00 0.00				X			285,903.	0.	39,553.
(6) SAMANTHA E BARBEE CHIEF FINANCIAL OFFICER	40.00 5.00			X				271,111.	0.	37,580.
(7) MARIA BARTON GC & CHIEF ETHICS & COMPLIANCE OFF.	40.00 5.00			X				258,350.	0.	42,267.
(8) MAMUNUR RASHID FINANCE DIRECTOR, PGMF	0.00 40.00						X	0.	283,596.	12,877.
(9) MARY CHRISTINE OWEN CHIEF OF PARTY-THAILAND	40.00 0.00				X			253,678.	0.	41,296.
(10) ZEWUD DEBEBE CHIEF HUMAN CAPITAL OFFICER	40.00 0.00			X				257,313.	0.	24,000.
(11) SABINE JOUKES COUNTRY DIRECTOR, CAMBODIA	40.00 0.00				X			242,207.	0.	39,059.
(12) MICHELE LAIRD SENIOR VICE PRESIDENT	40.00 0.00				X			264,903.	0.	1,466.
(13) MARILYN G. SANGIWA VP, GLOBAL HEALTH	40.00 0.00				X			214,540.	0.	36,671.
(14) ROGER-MARK VALDEZ DE SOUZA - VP SUSTAINABLE MARKETS	40.00 0.00				X			229,127.	0.	20,349.
(15) MATTHEW S CULLINEN (THRU 11/22) SENIOR DIRECTOR RENEWABLE ENERGY	40.00 0.00				X			218,528.	0.	29,767.
(16) JENNIFER A. MULIK PROJECT DIRECTOR	40.00 0.00				X			199,678.	0.	34,981.
(17) RANAHAH AFRIYE REGIONAL DIRECTOR, AFRICA PROGRAMS	40.00 0.00				X			189,183.	0.	28,811.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHANIE POSNER PROGRAMS ADVISOR	40.00 0.00					X		170,309.	0.	41,032.
(19) KEITH FLEMING DIRECTOR, GLOBAL IT	40.00 0.00				X			162,043.	0.	43,522.
(20) EUGENE JAMES GRALL REGIONAL DIRECTOR, AE PROGRAMS	40.00 0.00				X			172,396.	0.	32,668.
(21) GINA VOLYNSKY SENIOR DIRECTOR	40.00 0.00					X		187,057.	0.	15,925.
(22) ALAN BROOKS REGIONAL DIRECTOR (THRU 7/22)	40.00 0.00					X		173,241.	0.	28,413.
(23) BARRY FLAMING SENIOR AFOLU ADVISOR	40.00 0.00					X		170,324.	0.	29,827.
(24) CHRISTOPHER T. WYROD CHIEF OF PARTY, REGIONAL	40.00 0.00					X		163,924.	0.	29,673.
(25) KELLAND DICKSON STEVENSON COUNTRY DIRECTOR MYANNAR (THRU 1/23)	40.00 0.00				X			166,001.	0.	18,412.
(26) JEREMY NGUNZE BOARD CHAIR	5.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								5,002,080.	1,206,887.	725,620.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,002,080.	1,206,887.	725,620.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 78

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with columns (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation. Rows include board members like James Donovan, Mike Dahl, Carolina Rojas-Hayes, Mark Fitzgerald, Tewodros Melesse, Oksana Ruda, Andrew Kashangaki, Musa Mwenye, Ellen Varney, Heidi Kujawa, and Xia Liu.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>	196,021.				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	149,717,276.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,665,235.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			153,578,532.			
Program Service Revenue	<b>2 a</b>	PROJECT INCOME	<b>Business Code</b>	900099	775,937.	775,937.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			775,937.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			200,988.		200,988.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	(i) Real	889,178.				
			(ii) Personal					
	<b>b</b>	Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	889,178.				
	<b>d</b>	Net rental income or (loss) .....			889,178.		889,178.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	148,514.	13,588.			
			(ii) Other					
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	106,276.	0.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	42,238.	13,588.			
	<b>d</b>	Net gain or (loss) .....			55,826.		55,826.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	AFFILIATE ADMIN COST	<b>Business Code</b>	900099	596,944.	596,944.		
	<b>b</b>	MISCELLANEOUS INCOME		900099	212,673.		212,673.	
	<b>c</b>							
	<b>d</b>	All other revenue .....		900099				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			809,617.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			156,310,078.	1,372,881.	0.	1,358,665.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	21,856,548.	21,856,548.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	47,328,397.	47,328,397.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,559,506.	874,959.	2,684,547.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	36,439,057.	26,156,251.	10,281,169.	1,637.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,239,956.	2,031,087.	1,208,869.	
<b>9</b> Other employee benefits .....	7,388,287.	5,895,520.	1,486,557.	6,210.
<b>10</b> Payroll taxes .....	1,841,576.	1,092,175.	749,401.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	129,472.	99,240.	30,232.	
<b>c</b> Accounting .....	313,555.	88,199.	225,356.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	16,000.		16,000.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,918,829.	6,836,305.	1,082,524.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	1,260,714.	1,092,282.	167,384.	1,048.
<b>14</b> Information technology .....	1,770,249.	729,816.	1,040,433.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	5,515,395.	1,951,595.	3,563,800.	
<b>17</b> Travel .....	4,199,479.	3,577,403.	622,076.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	7,432,820.	7,304,956.	127,864.	
<b>20</b> Interest .....	16,466.	105.	16,361.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	273,521.		273,521.	
<b>23</b> Insurance .....	532,733.	144,717.	388,016.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> VEHICLE EXPENSE	1,731,950.	1,728,909.	3,041.	
<b>b</b> EQUIPMENT	1,174,856.	1,138,153.	36,703.	
<b>c</b> RECRUITMENT	194,217.	107,824.	86,393.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	154,133,583.	130,034,441.	24,090,247.	8,895.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	29,416,420.	<b>2</b>	25,863,640.
	<b>3</b> Pledges and grants receivable, net .....	5,247,095.	<b>3</b>	12,748,842.
	<b>4</b> Accounts receivable, net .....	79,755.	<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	209,058.	<b>7</b>	2,922,805.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,772,655.	<b>9</b>	993,422.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,778,491.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,161,440.	1,877,872.	<b>10c</b> 1,617,051.
	<b>11</b> Investments - publicly traded securities .....	2,871,050.	<b>11</b>	3,064,383.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	27,591.	<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	498,054.	<b>15</b>	19,483,923.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	41,999,550.	<b>16</b>	66,694,066.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,691,044.	<b>17</b>	14,324,967.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	7,995,420.	<b>19</b>	10,607,910.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,856.	<b>23</b>	2,000,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	6,192,833.	<b>25</b>	28,306,951.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	30,887,153.	<b>26</b>	55,239,828.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	10,262,663.	<b>27</b>	7,476,035.
	<b>28</b> Net assets with donor restrictions .....	849,734.	<b>28</b>	3,978,203.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	11,112,397.	<b>32</b>	11,454,238.
<b>33</b> Total liabilities and net assets/fund balances .....	41,999,550.	<b>33</b>	66,694,066.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	156,310,078.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	154,133,583.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,176,495.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,112,397.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	197,555.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-2,032,209.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	11,454,238.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Table with 2 columns: Name of the organization (PACT, INC.) and Employer identification number (13-2702768)

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	120,650,222.	125,885,510.	167,277,502.	158,908,485.	153,578,532.	726,300,251.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	120,650,222.	125,885,510.	167,277,502.	158,908,485.	153,578,532.	726,300,251.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						726,300,251.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	120,650,222.	125,885,510.	167,277,502.	158,908,485.	153,578,532.	726,300,251.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	201,364.	120,603.	51,047.	87,819.	1,090,166.	1,550,999.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	74,962.	83,676.	496,751.	288,740.	212,673.	1,156,802.
<b>11 Total support.</b> Add lines 7 through 10						729,008,052.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	20,115,206.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.63 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	99.76 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990) 2022

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and Activities Test.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

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

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

OTHER INCOME

2018 AMOUNT: \$ 74,962.

2019 AMOUNT: \$ 83,676.

2020 AMOUNT: \$ 496,751.

2021 AMOUNT: \$ 288,740.

2022 AMOUNT: \$ 212,673.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

PACT, INC.

Employer identification number

13-2702768

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).



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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 107,883,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 14,885,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  PACT, INC.	Employer identification number  13-2702768
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  PACT, INC.	Employer identification number  13-2702768
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

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

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

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

Complete if the organization answered "Yes" 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 ..... \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		767,257.	351,577.	415,680.
d Equipment		1,693,775.	1,411,567.	282,208.
e Other		4,317,459.	3,398,296.	919,163.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,617,051.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OPERATING RIGHT OF USE ASSETS	19,483,923.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	19,483,923.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	27,312,248.
(3) CONTINGENCY LIABILITY	535,926.
(4) DUE TO RELATED PARTY	255,799.
(5) OTHER LIABILITIES	126,952.
(6) DEFERRED RENT	76,026.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	28,306,951.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION GENERATES CONSOLIDATED FINANCIAL STATEMENTS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization  PACT, INC.	Employer identification number  13-2702768
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICAN & CARIBBEAN	2	43	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	1,060,347.
CENTRAL AMERICAN & CARIBBEAN	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	853,343.
CENTRAL AMERICAN & CARIBBEAN	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	1,438,323.
EAST ASIA & THE PACIFIC	10	101	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	2,525,935.
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	4,079,627.
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	4,285,249.
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	936,512.
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	544,066.
<b>3 a</b> Subtotal .....	12	144			15,723,402.
<b>b</b> Total from continuation sheets to Part I .....	28	1226			118,045,142.
<b>c Totals</b> (add lines 3a and 3b) .....	40	1370			133,768,544.

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

Schedule F (Form 990) 2022



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	NATURAL RESOURCE MANAGEMENT PROGRAMS	1,514,778.
RUSSIA AND NEWLY INDEPENDENT STATES	4	128	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	3,695,929.
RUSSIA AND NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	575,741.
RUSSIA AND NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	2,083,349.
RUSSIA AND NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	4,307,099.
SOUTH AMERICA	3	40	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	1,433,922.
SOUTH AMERICA	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	105,298.
SOUTH AMERICA	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	728,054.
SOUTH AMERICA	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	811,328.
SOUTH ASIA	0	0	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	56,609.
<b>Totals</b> .....					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	1,168,404.
SUB-SAHARAN AFRICA	21	1058	PROGRAM SERVICES	CAPACITY DEVELOPMENT PROGRAMS	16,055,460.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ENGAGING MARKETS PROGRAMS	7,628,850.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GOVERNANCE PROGRAMS	7,707,728.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	HEALTH PROGRAMS	20,838,859.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	LIVELIHOODS PROGRAMS	625,152.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	NATURAL RESOURCE MANAGEMENT PROGRAMS	1,380,186.
CENTRAL AMERICAN & CARIBBEAN	0	0	GRANT MAKING	N/A	4,874,866.
EAST ASIA & THE PACIFIC	0	0	GRANT MAKING	N/A	1,100,432.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANT MAKING	N/A	70,000.
<b>Totals</b> .....					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEWLY INDEPENDENT STATES	0	0	GRANT MAKING	N/A	16,466,919.
SOUTH AMERICA	0	0	GRANT MAKING	N/A	2,984,076.
SOUTH ASIA	0	0	GRANT MAKING	N/A	1,264,867.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING	N/A	20,567,236.
<b>Totals</b> .....	28	1226			118,045,142.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICAN AND CARIBBEAN	CAPACITY DEVELOPMENT PROGRAMS	2,125,424.	WIRE TRANSFER	0.		
		CENTRAL AMERICAN AND CARIBBEAN	GOVERNANCE PROGRAMS	1,219,693.	WIRE TRANSFER	0.		
		CENTRAL AMERICAN AND CARIBBEAN	HEALTH PROGRAMS	1,529,749.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CAPACITY DEVELOPMENT PROGRAMS	286,513.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ENGAGING MARKETS PROGRAMS	344,219.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	GOVERNANCE PROGRAMS	210,311.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTH PROGRAMS	10,563.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	LIVELIHOODS PROGRAMS	10,563.	WIRE TRANSFER	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 ..... **26**

3 Enter total number of other organizations or entities ..... **0**

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	NATURAL RESOURCE MANAGEMENT PROGRAMS	238,264.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	GOVERNANCE PROGRAMS	70,000.	WIRE TRANSFER	0.		
		RUSSIA AND NEWLY INDEPENDENT STATES	CAPACITY DEVELOPMENT PROGRAMS	5,832,274.	WIRE TRANSFER	0.		
		RUSSIA AND NEWLY INDEPENDENT STATES	GOVERNANCE PROGRAMS	3,302,984.	WIRE TRANSFER	0.		
		RUSSIA AND NEWLY INDEPENDENT STATES	HEALTH PROGRAMS	6,516,065.	WIRE TRANSFER	0.		
		RUSSIA AND NEWLY INDEPENDENT STATES	LIVELIHOODS PROGRAMS	815,596.	WIRE TRANSFER	0.		
		SOUTH AMERICA	CAPACITY DEVELOPMENT PROGRAMS	1,310,064.	WIRE TRANSFER	0.		
		SOUTH AMERICA	ENGAGING MARKETS PROGRAMS	8,989.	WIRE TRANSFER	0.		
		SOUTH AMERICA	GOVERNANCE PROGRAMS	1,576,033.	WIRE TRANSFER	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	LIVELIHOODS PROGRAMS	88,990.	WIRE TRANSFER	0.		
		SOUTH ASIA	CAPACITY DEVELOPMENT PROGRAMS	986,085.	WIRE TRANSFER	0.		
		SOUTH ASIA	GOVERNANCE PROGRAMS	278,782.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CAPACITY DEVELOPMENT PROGRAMS	2,472,134.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ENGAGING MARKETS PROGRAMS	4,352,289.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GOVERNANCE PROGRAMS	83,389.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTH PROGRAMS	13,456,749.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LIVELIHOODS PROGRAMS	190,758.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NATURAL RESOURCE MANAGEMENT PROGRAMS	11,917.	WIRE TRANSFER	0.		



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

I. PURPOSE: TO SYNTHESIZE THE COMPLIANCE REQUIREMENTS FOR SUBRECIPIENT

MONITORING. PROPER MONITORING SHOULD MEASURE PROGRESS TOWARD TARGETED

RESULTS AND ENSURE THAT RESOURCES ARE USED ONLY FOR THE INTENDED PURPOSE.

THIS POLICY IS APPLICABLE TO ALL SUBRECIPIENTS, DOMESTIC OR FOREIGN,

RECEIVING FUNDS FROM PACT.

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

MONITORING SUBRECIPIENTS.

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

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

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

SOUND MONITORING PLAN SHOULD CAPTURE THE PROGRESS MADE TO ACCOMPLISH THE

OBJECTIVES FOR WHICH THE AWARD WAS MADE.

HOWEVER, THERE ARE CERTAIN COMMON ELEMENTS THAT COMPRISE GOOD MONITORING

PLANS. THESE ARE:

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

SUBRECIPIENT WILL PRESCRIBE THE FREQUENCY WITH WHICH PERFORMANCE REPORTS

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

QUARTERLY OR LESS FREQUENTLY THAN ANNUALLY. THEY SHOULD GENERALLY

CONTAIN: (A) A COMPARISON OF ACTUAL ACCOMPLISHMENTS WITH THE GOALS AND

OBJECTIVES ESTABLISHED FOR THE PERIOD AND (B) REASONS WHY ESTABLISHED

GOALS WERE NOT MET, IF THEY WERE NOT MET. REPORTS SHOULD ALSO DESCRIBE

PROBLEMS, DELAYS, OR ADVERSE CONDITIONS WHICH MATERIALLY IMPAIR THE

**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.

ABILITY TO MEET THE OBJECTIVES OF THE AWARD AND INCLUDE A STATEMENT OF THE ACTION TAKEN OR CONTEMPLATED, AND ANY ASSISTANCE NEEDED TO RESOLVE THE SITUATION.

2. FINANCIAL REPORTS - THE TYPE AND FREQUENCY OF REPORTING REQUIRED WILL BE ESTABLISHED IN THE AWARD. NORMALLY, THE FREQUENCY OF FINANCIAL REPORTS IS BASED ON THE PROJECT NEEDS FOR EFFECTIVE MONITORING AND MANAGEMENT OF OUTCOMES AND SUBRECIPIENT RISK LEVEL.

3. SITE VISITS - TO REVIEW FINANCIAL AND PROGRAMMATIC RECORDS AND OBSERVE OPERATIONS. NEW SUBRECIPIENTS AND THOSE OTHERWISE CONSIDERED HIGHER-RISK MAY REQUIRE CLOSER MONITORING.

IV. AUDIT OF SUBRECIPIENTS: NON-U.S. SUBRECIPIENTS ARE SUBJECT TO MONITORING BY PACT FOLLOWING APPLICABLE US GOVERNMENT AUDIT COMPLIANCE REQUIREMENTS, WHERE APPROPRIATE.

PART I, LINE 3:  
THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN BAR ASSOCIATION RULE OF LAW INITIATIVE - 1050 CONNECTICUT AVENUE, NW, SUITE 400 - WASHINGTON, DC 20036	36-0723150	501(C)(3)	3,550,105.	0.			GRANT FOR PEACE BUILDING AND JUDICIAL CAPACITY DEVELOPMENT
BRAC-USA 110 WILLIAM STREET, 18TH FLOOR NEW YORK, NY 10038	20-8456741	501(C)(3)	5,799.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
BLUE RIDGE DATA LAB LLC (BRDL) 345 FOREST RIDGE ROAD EARLYSVILLE, VA 22936	83-2463666		22,794.	0.			GRANT FOR DEVELOPMENT OF A WATER DATA WEB PORTAL
EARTH MISSION, INC 608 SOUTH HICO STREET SILOAM SPRINGS, AR 72761	71-0566251	501(C)(3)	42,925.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
FUTURES WITHOUT VIOLENCE 100 MONTGOMERY STREET, THE PRESIDIO SAN FRANCISCO, CA 94129	94-3110973	501(C)(3)	195,451.	0.			GRANT FOR HUMAN RIGHTS PROTECTIONS PROJECT
GISA INC 445 E 77TH ST APT 1R NEW YORK, NY 10075	61-1861903	501(C)(3)	214,660.	0.			GRANT FOR DEVELOPMENT OF JOURNALISM AND INVESTIGATPOIN CAPACITY ON THE CONFLICT IN SUDAN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 21.

3 Enter total number of other organizations listed in the line 1 table ..... 2.

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL CENTER FOR NOT-FOR-PROFIT-LAW - 1126 16TH STREET N.W SUITE 400 - WASHINGTON, DC 20036	52-1818273	501(C)(3)	253,908.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
INTERNEWS NETWORK P.O.BOX 4448 ARCATA, CA 95518	94-3027961	501(C)(3)	279,789.	0.			GRANT FOR HEALTH/HIV PREVENTION PROJECT
INTERNATIONAL RESEARCH AND EXCHANGE BOARD - 1275 K STREET NW, SUITE 600 - WASHINGTON, DC 20005	22-3087809	501(C)(3)	5,903,583.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
JHPIEGO CORPORATION 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501(C)(3)	6,274,851.	0.			GRANT FOR HEALTH/HIV PREVENTION PROJECT
MERCY CORPS 45 SW ANKENY ST. PORTLAND, OR 97204	91-1148123	501(C)(3)	60,091.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
NO MEANS NO WORLDWIDE 1765 GREENSBORO STATION PL #900 MC LEAN, VA 22102	46-4183160	501(C)(3)	359,383.	0.			GRANT FOR PARTNERSHIP FOR LOCAL DEVELOPMENT PROJECT
PALLADIUM INTERNATIONAL LLC 1331 PENNSYLVANIA AVENUE NW. SUITE WASHINGTON, DC 20004	20-0137383	501(C)(3)	603,729.	0.			GRANT FOR COMMUNITY HIV PREVENTION PROJECT
SCIENCE APPLICATIONS INTERNATIONALS CORPARATION - 12010 SUNSET HILLS ROAD RESTON - RESTON, VA 20190	46-1932921	501(C)(3)	50,000.	0.			GRANT FOR PARTNERSHIP FOR LOCAL DEVELOPMENT PROJECT
SAVE THE CHILDREN FEDERATION INC 501 KING HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	285,565.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLIDARIDAD NORTH AMERICA 2120 UNIVERSITY AVENUE BERKELEY, CA 94704	46-1528546	501(C)(3)	88,186.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT
THE ASIA FOUNDATION 1779 MASSACHUSETTS AVE NW #815 WASHINGTON, DC 20036	94-1191246	501(C)(3)	1,394,469.	0.			GRANT TO STRENGTHEN THE ENVIRONMENT FOR YOUNG WOMEN TECH ENTREPRENEURS
TECHNOSERVE INC 1777 N KENT STREET, SUITE 1100 ARLINGTON, VA 22209	13-2626135	501(C)(3)	300,215.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT
THRIVE NETWORKS GLOBAL 180 STEUART STREET #191226 SAN FRANCISCO, CA 94105	33-0316095	501(C)(3)	8,750.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
UNIVERSITY OF RHODE ISLAND 79 UPPER COLLEGE RD KINGSTON, RI 02881	05-6014351	501(C)(3)	808,722.	0.			GRANT FOR CHILDREN IMPACTED BY HIV PROJECT
VIAMO PBC 1701 RHODE ISLAND AVE, NW WASHINGTON, DC 20036-2643	82-0825124		66,215.	0.			GRANT TO IMPROVE COMMUNITY ENGAGEMENT AND HEALTH SERVICES DELIVERY REGARDING INFECTIOUS
WI-HER, LLC 8212 OLD COURTHOUSE ROAD VIENNA, VA 22182	26-3355555	501(C)(3)	132,237.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT
WORLD RESOURCES INSTITUTE 10 G STREET NE, SUITE 800 WASHINGTON, DC 20002	52-1257057	501(C)(3)	953,939.	0.			GRANT FOR NATURAL RESOURCES MANAGEMENT PROJECT

Schedule I (Form 990)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

I. PURPOSE: TO SYNTHESIZE THE COMPLIANCE REQUIREMENTS FOR SUBRECIPIENT

MONITORING. PROPER MONITORING SHOULD MEASURE PROGRESS TOWARD TARGETED

RESULTS AND ENSURE THAT RESOURCES ARE USED ONLY FOR THE INTENDED PURPOSE.

THIS POLICY IS APPLICABLE TO ALL SUBRECIPIENTS, DOMESTIC OR FOREIGN,

RECEIVING FUNDS FROM PACT.

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

MONITORING SUBRECIPIENTS.

**Part IV Supplemental Information**

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

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

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

MONITORING PLAN SHOULD CAPTURE THE PROGRESS MADE TO ACCOMPLISH THE

OBJECTIVES FOR WHICH THE AWARD WAS MADE.

HOWEVER, THERE ARE CERTAIN COMMON ELEMENTS THAT COMPRISE GOOD MONITORING

PLANS. THESE ARE:

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

SUBRECIPIENT WILL PRESCRIBE THE FREQUENCY WITH WHICH PERFORMANCE REPORTS

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

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

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

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

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

OR ADVERSE CONDITIONS WHICH MATERIALLY IMPAIR THE ABILITY TO MEET THE

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

CONTEMPLATED, AND ANY ASSISTANCE NEEDED TO RESOLVE THE SITUATION.

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

ESTABLISHED IN THE AWARD. THE FREQUENCY OF THE FINANCIAL REPORTS WILL BE

DETERMINED BASED ON PROJECT NEEDS FOR EFFECTIVE MONITORING AND MANAGEMENT

OF OUTCOMES AND SUBRECIPIENT RISK LEVEL. LOW RISK SUBRECIPIENTS MAY HAVE

LESS FREQUENT FINANCIAL REPORTING BUT NOT LESS FREQUENTLY THAN ANNUALLY.

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

**Part IV Supplemental Information**

OPERATIONS. NEW SUBRECIPIENTS AND THOSE OTHERWISE CONSIDERED HIGHER-RISK

MAY REQUIRE CLOSER MONITORING.

IV. AUDIT OF SUBRECIPIENTS

U.S. NONPROFIT SUBRECIPIENTS EXPENDING \$750,000 OR MORE IN FEDERAL AWARDS

DURING THEIR FISCAL YEAR ARE SUBJECT TO AUDIT REQUIREMENTS IN SCFR 200.501.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: VIAMO PBC

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO IMPROVE COMMUNITY

ENGAGEMENT AND HEALTH SERVICES DELIVERY REGARDING INFECTIOUS DISEASES



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

PACT, INC.

Employer identification number

13-2702768

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FAHMID KARIM BHUIYA, MD COO, PGMF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	476,516.	32,972.	56,479.	0.	12,877.	578,844.	0.
(2) CAROLINE ANSTEY PRESIDENT & CEO	(i)	463,500.	0.	3,810.	26,840.	1,466.	495,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JASON MEIKLE DEPUTY DIRECTOR, PGMF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	286,649.	19,390.	51,285.	0.	12,877.	370,201.	0.
(4) CRISTINE BETTERS VP, BUSINESS DEVELOPMENT	(i)	283,664.	0.	1,290.	21,049.	22,362.	328,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RICHARD HARRISON MD, SMART POWER MYANMAR	(i)	246,449.	0.	39,454.	21,239.	18,314.	325,456.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SAMANTHA E BARBEE CHIEF FINANCIAL OFFICER	(i)	270,421.	0.	690.	28,687.	8,893.	308,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIA BARTON GC & CHIEF ETHICS & COMPLIANCE OFF.	(i)	256,370.	0.	1,980.	22,946.	19,321.	300,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAMUNUR RASHID FINANCE DIRECTOR, PGMF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	233,015.	15,888.	34,693.	0.	12,877.	296,473.	0.
(9) MARY CHRISTINE OWEN CHIEF OF PARTY-THAILAND	(i)	204,702.	0.	48,976.	21,722.	19,574.	294,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ZEWUD DEBEBE CHIEF HUMAN CAPITAL OFFICER	(i)	256,023.	0.	1,290.	22,534.	1,466.	281,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SABINE JOUKES COUNTRY DIRECTOR, CAMBODIA	(i)	202,479.	0.	39,728.	21,119.	17,940.	281,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MICHELE LAIRD SENIOR VICE PRESIDENT	(i)	263,667.	0.	1,236.	0.	1,466.	266,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARILYN G. SANGIWA VP, GLOBAL HEALTH	(i)	210,730.	0.	3,810.	27,828.	8,843.	251,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ROGER-MARK VALDEZ DE SOUZA - VP SUSTAINABLE MARKETS	(i)	227,837.	0.	1,290.	1,758.	18,591.	249,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MATTHEW S CULLINEN (THRU 11/22) SENIOR DIRECTOR RENEWABLE ENERGY	(i)	191,400.	0.	27,128.	21,528.	8,239.	248,295.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JENNIFER A. MULIK PROJECT DIRECTOR	(i)	198,988.	0.	690.	26,136.	8,845.	234,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) RANAHAH AFRIYE REGIONAL DIRECTOR, AFRICA PROGRAMS	(i)	188,733.	0.	450.	24,535.	4,276.	217,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) STEPHANIE POSNER PROGRAMS ADVISOR	(i)	169,619.	0.	690.	22,348.	18,684.	211,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) KEITH FLEMING DIRECTOR, GLOBAL IT	(i)	161,353.	0.	690.	21,464.	22,058.	205,565.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) EUGENE JAMES GRALL REGIONAL DIRECTOR, AE PROGRAMS	(i)	171,667.	0.	729.	18,463.	14,205.	205,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) GINA VOLYNSKY SENIOR DIRECTOR	(i)	186,367.	0.	690.	714.	15,211.	202,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) ALAN BROOKS REGIONAL DIRECTOR (THRU 7/22)	(i)	146,028.	0.	27,213.	12,464.	15,949.	201,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) BARRY FLAMING SENIOR AFOLU ADVISOR	(i)	135,005.	0.	35,319.	16,152.	13,675.	200,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) CHRISTOPHER T. WYROD CHIEF OF PARTY, REGIONAL	(i)	144,880.	0.	19,044.	11,025.	18,648.	193,597.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) KELLAND DICKSON STEVENSON COUNTRY DIRECTOR MYANNAR (THRU 1/23)	(i)	141,724.	0.	24,277.	10,910.	7,502.	184,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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.

PART I, LINE 1:

PACT MAY PROVIDE A HOUSING ALLOWANCE TO ENSURE EXPATRIATE STAFF HAVE  
ACCESS TO MODEST HOUSING IN A SAFE ENVIRONMENT. THIS ALLOWANCE INCLUDES  
TAXES, INSURANCE, AND FEES; AND OTHER ALLOWABLE AND APPROVED EXPENSES  
OF STATE STANDARD REGULATIONS TO DETERMINE REASONABLENESS FOR PURPOSES  
QUALIFIED STAFF IS WORKING

PART I, LINE 4A:

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING 2022:

MATTHEW CULLINEN: \$26,881

ALAN BROOKS: \$36,450

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

PACT, INC.

Employer identification number

13-2702768

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

PACT ENABLES SYSTEMIC SOLUTIONS THAT ALLOW THOSE WHO ARE POOR AND  
MARGINALIZED TO EARN A DIGNIFIED LIVING, BE HEALTHY, AND TAKE PART IN  
THE BENEFITS THAT NATURE PROVIDES. PACT ACCOMPLISHES THIS BY  
STRENGTHENING LOCAL CAPACITY, FORGING EFFECTIVE GOVERNANCE SYSTEMS, AND  
TRANSFORMING MARKETS INTO A FORCE FOR DEVELOPMENT.

FORM 990, PART I, LINE 5:

THE FIGURE NOTED IN LINE 5 REPRESENTS ONLY EMPLOYEES OF PACT WHO ARE US  
CITIZENS. PACT HAS MANY OTHER EMPLOYEES, INCLUDING THIRD COUNTRY  
NATIONALS AND LOCAL NATIONALS, WORKING IN OUR OFFICES AROUND THE WORLD,  
WHO ARE NOT SUBJECT TO US WAGE AND TAX REPORTING REQUIREMENTS. DURING  
FY23, PACT, INC. HAD OVER 1,400 TOTAL EMPLOYEES GLOBALLY.

FORM 990, PART III, LINE 1, CONTINUATION OF DESCRIPTION OF ORGANIZATION

MISSION:

PACT ACCOMPLISHES THIS BY STRENGTHENING LOCAL CAPACITY, FORGING  
EFFECTIVE GOVERNANCE SYSTEMS, AND TRANSFORMING MARKETS INTO A FORCE FOR  
DEVELOPMENT.

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

REVIEWED POLICIES AND GUIDELINES, CONDUCTED CAPACITY DEVELOPMENT FOR  
THE GOVERNMENT SOCIAL WELFARE WORKFORCE, AND ENSURED QUALITY THROUGH  
SUPPORTIVE SUPERVISION VISITS TO REGIONS AND LGAS.

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

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

Schedule O (Form 990) 2022

Name of the organization

PACT, INC.

Employer identification number

13-2702768

QUALITY ASSESSMENTS OF REGIONAL CENTERS FOR DISEASE CONTROL AND PREVENTION, DRAFTED 6 NATIONAL LEVEL LEGAL ACTS AND 70 EUROPEAN UNION ACTS TO SUPPORT THE HARMONIZATION OF UKRAINE'S HEALTHCARE AND PUBLIC HEALTH LEGISLATION AIMED AT SUSTAINING CRITICAL PUBLIC HEALTH SERVICES DURING A CRISIS. PHS RR TRAINED 1,224 PRIMARY HEALTH CARE PROVIDERS (634 DOCTORS, 590 NURSES), AND REACHED 10,051,785 INDIVIDUALS WITH MENTAL HEALTH MESSAGES VIA SOCIAL MEDIA, TV, AND PRINTED MATERIALS IN SUPPORT OF EXPANDING MENTAL HEALTH SUPPORT TO VETERANS AND WAR-AFFECTED POPULATIONS. ALSO, IN FY23, PHS RR PROVIDED INDIVIDUAL AND GROUP MIND-BODY MEDICINE INTERVENTIONS IN 90 SITES AND TRAINED 134 PSYCHOLOGICAL SUPPORT SERVICES, DEVELOPED A COURSE MANUAL ON "WORKING WITH WAR TRAUMA", AND PROVIDED 2,310 FOCUSED COGNITIVE BEHAVIORAL THERAPY TO INDIVIDUALS.

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

OFFERING EVACUATIONS, MEDICAL ASSISTANCE, AND OTHER NECESSITIES. IN FY23, ENGAGE PARTNERS CHAMPIONED 20 POLICY CHANGES AT THE LOCAL AND NATIONAL LEVELS IN AREAS ANTICORRUPTION, TRANSPARENCY, EU INTEGRATION, INCLUSION, SOCIAL COHESION, AND CIVIC EDUCATION AND REACHED 155 MILLION NON-UNIQUE USERS. ENGAGE PARTNERS CONDUCTED OVER 474 REGISTRATION-BASED PUBLIC EVENTS THAT WERE ATTENDED BY OVER 11,942 PARTICIPANTS. OF THOSE WHO TOOK PART IN EVENTS REQUIRING REGISTRATION IN FY23, 8,193 WERE NEW AND UNIQUE TO ENGAGE'S REGISTRY OF PARTICIPANTS. ADDITIONALLY, THROUGH AN ARRAY OF OPEN PUBLIC EVENTS, BOTH ONLINE AND IN PERSON, ENGAGE PARTNERS DIRECTLY ENGAGED 103,187 UKRAINIANS.

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

CAMBODIA, DOMINICAN REPUBLIC, ETHIOPIA, INDONESIA,

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

KENYA, LIBERIA, LESOTHO, MADAGASCAR,

MALAWI, BURMA, NEPAL, NIGERIA,

SOUTH AFRICA, SWAZILAND, TANZANIA, THAILAND,

UKRAINE, ZAMBIA, RWANDA, UNITED KINGDOM,

BELARUS, BURUNDI, COLOMBIA, CONGO, DEM REP

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

FORM 990 REVIEW PROCESS

ONCE PACT'S FORM 990 IS COMPLETED BY ITS TAX PREPARER, IT IS REVIEWED IN

DETAIL BY THE CONTROLLER. ONCE THE CONTROLLER IS SATISFIED THAT THE RETURN

IS COMPLETE AND ACCURATE, IT IS REVIEWED BY PACT'S CFO. PACT'S IRS FORM 990

IS SHARED WITH THE FINANCE AND AUDIT COMMITTEE IN DRAFT FORM AND IS ALSO

PROVIDED TO ITS BOARD OF DIRECTORS PRIOR TO FILING.

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

ALL EMPLOYEES, OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF

INTEREST POLICY UPON JOINING PACT. IT IS THE DUTY OF PACT DIRECTORS,

OFFICERS, AND EMPLOYEES TO UPDATE AND RAISE ANY POTENTIAL CONFLICTS OF

INTEREST DURING THEIR TENURE AT PACT. PACT DIRECTORS AND SENIOR MANAGEMENT

PACT, INC. MUST RAISE POTENTIAL CONFLICTS AND SUBMIT THEIR PACT CONFLICT OF

INTEREST DISCLOSURE FORM TO THE PACT GENERAL COUNSEL AND/OR BOARD

SECRETARY, WHO THEN REVIEW TO DETERMINE IF A CONFLICT EXISTS. ALL OTHER

EMPLOYEES RAISE POTENTIAL CONFLICTS WITH THE ETHICS AND COMPLIANCE OFFICE,

WHO IN TURN DECIDES HOW TO ADDRESS ANY POTENTIAL CONFLICT. ANY PERSON WITH

A CONFLICT WILL RECUSE HIM/HERSELF FROM DISCUSSION AND DECISION ON THE

PERTINENT MATTER.

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

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

PROCESS FOR DETERMINING CEO AND OTHER OFFICER AND KEY EMPLOYEE

COMPENSATION:

PACT'S BYLAWS STATE THAT THE "SALARY OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND THE TERMS OF HIS OR HER EMPLOYMENT SHALL BE FIXED BY THE BOARD OF DIRECTORS. THE SALARIES OF ALL OTHER STAFF AND THE TERMS OF THEIR EMPLOYMENT SHALL BE FIXED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER."

CEO: THE EXECUTIVE COMMITTEE OF THE BOARD SETS THE CEO'S SALARY, TYPICALLY INFORMED BY INFORMATION PROVIDED BY THE SEARCH FIRM AT THE TIME OF HIRE.

THE GOVERNANCE COMMITTEE CONDUCTS AN ANNUAL EVALUATION OF THE CEO AND AWARDS INCREASES AS DEEMED APPROPRIATE AND APPROVED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE AND THE GOVERNANCE COMMITTEE ARE COMPRISED OF INDEPENDENT PERSONS AND MAINTAIN CONTEMPORANEOUS WRITTEN DOCUMENTATION OF ALL DECISIONS MADE.

OTHER OFFICERS OR KEY EMPLOYEES: THE CEO IS RESPONSIBLE FOR THE COMPENSATION OF OTHER EMPLOYEES BUT IS DIRECTLY INVOLVED ONLY IN THE HIRING AND SALARY NEGOTIATIONS OF C-LEVEL POSITIONS. IN THESE CASES, WHERE PACT IS UTILIZING A SEARCH FIRM, THE FIRM PROVIDES MARKET INFORMATION TO ASSIST IN THE DETERMINATION OF APPROPRIATE COMPENSATION LEVELS. FOR KEY EMPLOYEES BEYOND THE C-SUITE, PACT'S CHIEF HUMAN CAPITAL OFFICER IS RESPONSIBLE FOR SALARY DETERMINATIONS. PACT USES A SERIES OF ANNUAL SALARY SURVEYS OF PEER ORGANIZATIONS, CONDUCTED BY AN INDUSTRY TRADE ASSOCIATION, TO INFORM SALARY LEVELS.

ALL PACT EMPLOYEES ARE EVALUATED ON AN ANNUAL BASIS, AND INCREASES ARE DETERMINED AND AWARDED FROM AN APPROVED POOL, ADMINISTERED BY PACT'S CHIEF HUMAN CAPITAL OFFICER



Name of the organization PACT, INC.	Employer identification number 13-2702768
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FORM 990, PART VI, SECTION C, LINE 19:

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

PACT'S IRS DETERMINATION LETTER IS AVAILABLE UPON REQUEST. PACT'S ANNUAL REPORTS, AUDITED FINANCIAL STATEMENTS AND 990S ARE AVAILABLE UPON REQUEST, AS WELL AS ON ITS WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT	-90,269.
LEASE IMPAIRMENT LOSS	-1,941,940.
TOTAL TO FORM 990, PART XI, LINE 9	-2,032,209.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PACT VENTURES 1140 3RD STREET NE WASHINGTON, DC 20002	TO SUPPORT PACT INC.	DISTRICT OF COLUMBIA	0.	0.	PACT, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PACT GLOBAL MICROFINANCE FUND - 45-5008824 1140 3RD STREET NE WASHINGTON, DC 20002	TO OPERATE MICROFINANCE PROGRAMS	DELAWARE	501(C)(3)	LINE 12A, I	PACT, INC.	X	
PACT GLOBAL (UK) CIO MERLIN PLACE, MILTON ROAD CAMBRIDGE, UNITED KINGDOM CB4 0DP	UK NGO	UNITED KINGDOM			PACT, INC.	X	

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

Schedule R (Form 990) 2022



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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PACT GLOBAL MICROFINANCE FUND	C	196,021.	CASH
(2) PACT GLOBAL MICROFINANCE FUND	M	2,002,003.	CASH
(3) PACT UK	B	70,000.	CASH
(4) PACT UK	L	596,944.	CASH
(5) PACT UK	Q	112,824.	CASH
(6)			



