EXTENSION ATTACHED

Form **990** | **Return of Organization Exempt from Income Tax** | OMB No 1545 0047

2003

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning , 2003, and ending ,

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See specific instructions.

POPULATION SERVICES INTERNATIONAL
1120 NINETEENTH STREET N.W. #600
WASHINGTON, DC 20036

D Employer Identification Number: 56-0942853

E Telephone number: 516-466-6834

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? [ ] Yes [X] No

H (b) If 'Yes' enter number of affiliates ►

H (c) Are all affiliates included? [ ] Yes [ ] No
(If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ►

M Check ► [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: ► N/A

J Organization type (check only one) ► [X] 501(c) 3 ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ► [ ] if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 211,343,449.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received.				
	a	Direct public support	1a	25,467,109.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	156,974,876.		
	d	Total (add lines 1a through 1c) (cash $ 150,351,266. noncash $ 32,090,719.)			1d	182,441,985.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	21,315,942.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	559,446.
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ►)			7	
			(A) Securities		(B) Other	
	8a	Gross amount from sales of assets other than inventory	7,026,076.	8a	SCHEDULE ATTACHED	
	b	Less cost or other basis and sales expenses	7,147,876.	8b		
	c	Gain or (loss) (attach schedule) STATEMENT 1	-121,800.	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	-121,800.
	9	Special events and activities (attach schedule) If any amount is from **gaming,** check here ► [ ]				
	a	Gross revenue (not including $ ____ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	204,195,573.
EXPENSES	13	Program services (from line 44, column (B))			13	184,802,949.
	14	Management and general (from line 44, column (C))			14	13,691,617.
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	198,494,566.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	5,701,007.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	18,023,180.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	23,724,187.

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Part II **Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		**(A) Total**	**(B)** Program services	**(C)** Management and general	**(D)** Fundraising
22 Grants and allocations (att sch) (cash $ ______ non-cash $ ______)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	1,711,399.	356,931.	1,354,468.	
26 Other salaries and wages	26	40,740,416.	35,758,913.	4,981,503.	
27 Pension plan contributions	27	1,177,089.	1,001,408.	175,681.	
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	12,486,162.	11,534,176.	951,986.	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	341,780.	52,621.	289,159.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	142,037,720.	136,098,900.	5,938,820.	
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	198,494,566.	184,802,949.	13,691,617.	0.

Joint Costs. Check ► ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ______, **(ii)** the amount allocated to Program services $ ______, **(iii)** the amount allocated to Management and general $ ______, and **(iv)** the amount allocated to Fundraising $

Part III **Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ► SOCIAL MKTING, AIDS EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 3 (Grants and allocations $ 1,614,941.)	184,802,949.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►	184,802,949.

Part IV Balance Sheets (See Instructions)

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*

			(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing			45	
	46 Savings and temporary cash investments		23,074,912.	46	22,622,623.
	47a Accounts receivable	47a 2,471,766.			
	b Less allowance for doubtful accounts	47b 1,597,494.	286,267.	47c	874,272.
	48a Pledges receivable	48a 122,213.			
	b Less allowance for doubtful accounts	48b	62,600.	48c	122,213.
	49 Grants receivable		17,652,152.	49	19,125,810.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		8,678,690.	52	11,407,585.
	53 Prepaid expenses and deferred charges			53	
	54 Investments — securities (attach schedule)	► ☐ Cost ☐ FMV	12,429,107.	54	17,143,994.
	55a Investments — land, buildings, & equipment basis	55a			
	b Less accumulated depreciation (attach schedule)	55b		55c	
	56 Investments — other (attach schedule)			56	
	57a Land, buildings, and equipment basis	57a 2,599,127.			
	b Less accumulated depreciation (attach schedule) STATEMENT 4	57b 1,687,927.	879,095.	57c	911,200.
	58 Other assets (describe ► SEE STATEMENT 5)		3,184,464.	58	6,166,316.
	59 **Total assets** (add lines 45 through 58) (must equal line 74)		66,247,287.	59	78,374,013.
LIABILITIES	60 Accounts payable and accrued expenses		8,863,060.	60	9,211,156.
	61 Grants payable			61	
	62 Deferred revenue		39,361,047.	62	45,438,670.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ►)			65	
	66 **Total liabilities** (add lines 60 through 65)		48,224,107.	66	54,649,826.
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		16,342,649.	67	21,852,108.
	68 Temporarily restricted		1,680,531.	68	1,863,437.
	69 Permanently restricted			69	8,642.
	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72, column (A) **must** equal line 19, column (B) **must** equal line 21)		18,023,180.	73	23,724,187.
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)		66,247,287.	74	78,374,013.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	204,195,573.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	204,195,573.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	204,195,573.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	198,494,566.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	198,494,566.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	198,494,566.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6		1,671,263.	177,093.	40,136.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ☐ Yes ☒ No

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct and indirect political expenditures See line 81 instructions — 81a: 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) — 82b: N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) organizations* Enter **a** Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) organizations* Enter **a** Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	*501(c)(3) organizations*. Enter. Amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0.			
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ► 0.			

90a List the states with which a copy of this return is filed ► Schedule attached

b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) 90b 0

91 The books are in care of ► DONNA DIANE Telephone number ► 202-785-0072

Located at ► 1120 NINETEENTH ST. N.W., WASHINGTON, DC. ZIP + 4 ► 20036

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** — Check here N/A ► ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ► 92 N/A

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Part VII Analysis of Income-Producing Activities (See instructions.)

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a ADMINISTRATIVE FEES/M					-0-
b CURRENCY EXCHANGE ADJ					1,041,460.
c PROGRAM SERVICE REVEN					20,274,482.
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	559,446.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-121,800.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				437,646.	21,315,942.

105 **Total** (add line 104, columns (B), (D), and (E)) ► 21,753,588.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
~~N/A~~	Both currency exchange and program service revenue are derived from our projects
93(b)(c)	in underdeveloped countries.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or ind[redacted]

Note: *If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)* [redacted]

Please Sign Here

Under penalties of perjury, I declare that I have examined this return including [redacted]
true, correct, and complete. Declaration of preparer (other than officer) is based [redacted]

► [signature] [redacted]
Signature of officer

► Alex K Brown EVP/C[redacted]
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► ALAN DOLINSKY [redacted]

Firm's name (or yours if self employed), address, and ZIP + 4 ► ALAN DOLINSKY, CPA
9 SPRUCE PLACE
GREAT NECK, NY 11021 [redacted]

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

2003

Name of the organization	Employer identification number
POPULATION SERVICES INTERNATIONAL	56-0942853

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None ')

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BARRY WHITTLE FOREIGN COUNTRY	RES. ADVISOR FULL TIME	98,553.	4,734.	91,195.
DAVID C. WALKER FOREIGN COUNTRY	RES. ADVISOR FULL TIME	120,095.	5,660.	65,380.
BRAD LUCAS FOREIGN COUNTRY	RES. ADVISOR FULL TIME	118,404.	6,088.	84,286.
CYNTHIA ROBINSON FOREIGN COUNTRY	RES. ADVISOR FULL TIME	77,303.	4,578.	113,489.
CLAYTON L. DAVIS FOREIGN COUNTRY	RES. ADVISOR FULL TIME	86,789.	4,713.	81,223.
Total number of other employees paid over $50,000 ►	119			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SONENTHAL & OVERALL 1120 19TH STREET N.W., WASHINGTON, DC 20036	LEGAL SERVICES	234,085.
ALAN DOLINSKY, CPA 9 SPRUCE PLACE, GREAT NECK, N.Y. 11021	ACCOUNTING CONSULTIN	129,458.
STEVE LEVENTHAL 40 SCHMIDT LANE, SAN RAFAEL, CA 94903	CONSULTING SERVICES	103,324.
KPMG 201 M STREET,NW, WASHINGTON, DC 20036	AUDIT SERVICES	140,175.
BECAUSE GLOBAL CONSULTING 870 UNITED NATIONS PLAZA/NEW YORK,N.Y. 10017	EVENT CONSULTING	85,946.
Total number of others receiving over $50,000 for professional services ► 3		

Part III Statements About Activities (See instructions)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ N/A (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)*			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE FORM 990, PART V	2d	X	
e Transfer of any part of its income or assets?	2e		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)	3a		X
b Do you have a section 403(b) annuity plan for your employees?	3b		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►** ____________

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ 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 charitable, etc, functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ►	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	143,030,545.	110,352,306.	96,088,307.	82,634,781.	432,105,939.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	12,085,429.	10,559,392.			22,644,821.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	544,168.	663,352.	580,048.	317,675.	2,105,243.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets SEE STMT 7	245,456.	91,968.	111,413.	-50,959.	397,878.
23 Total of lines 15 through 22	155,905,598.	121,667,018.	96,779,768.	82,901,497.	457,253,881.
24 Line 23 minus line 17	143,820,169.	111,107,626.	96,779,768.	82,901,497.	434,609,060.
25 Enter 1% of line 23	1,559,056.	1,216,670.	967,798.	829,015.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ► 26a 8,692,181.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ► 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) ► 26c 434609060.

d Add Amounts from column (e) for lines 18 2,105,243. 19 ______ 22 397,878. 26b ______ 26d 2,503,121.

e Public support (line 26c minus line 26d total) ► 26e 432105939.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► 26f 99.42 %

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person ' **Do not file this list with your return.** Enter the sum of such amounts for each year

(2002) ______ (2001) ______ (2000) ______ (1999) ______

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year

(2002) ______ (2001) ______ (2000) ______ (1999) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ 27c

d Add. Line 27a total ______ and line 27b total ______ 27d

e Public support (line 27c total minus line 27d total) ► 27e

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ► 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► 27g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ► a ☐ if the organization belongs to an affiliated group Check ► b ☐ if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table —	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is —	The lobbying nontaxable amount is —
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720*

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2003	**(b)** 2002	**(c)** 2001	**(d)** 2000	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h.**)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is 'Yes,' complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► [ ] Yes [X] No

b If 'Yes,' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 7,026,076.
COST OR OTHER BASIS: 7,147,876.

SCHEDULE ATTACHED

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES $ -121,800.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES $ -121,800.

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING & PROMOTION	32126443.	32021970.	104,473.	
COMMODITIES	58350925.	58350925.		
CONSULTANTS & CONTRACTS	6,024,787.	4,640,489.	1,384,298.	
FRINGE BENEFITS	4,164,752.	1,949,954.	2,214,798.	
FURNITURE & EQUIPMENT	7,076,033.	6,755,532.	320,501.	
OFFICE COSTS	13200520.	11471328.	1,729,192.	
OTHER DIRECT COSTS	7,447,994.	7,262,436.	185,558.	
SUBRECIPIENTS	13646266.	13646266.		
TOTAL	$ 142037720.	$ 136098900.	$ 5938820.	$ 0.

STATEMENT 3
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
HEALTH, FAMILY PLANNING SERVICES & EDUCATIONAL ORGANIZATION. TO DEVELOP & ADMINISTER FAMILY PLANNING, AIDS EDUCATION & CHILD HEALTH PROGRAMS. THE DISTRIBUTION OF INFORMATIVE LITERATURE, PERTAINING TO ABOVE, IN DESIRING COUNTRIES WORLDWIDE.	1,614,941.	184802949.
	$ 1,614,941.	$ 184802949.

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MISCELLANEOUS	$ 2,599,127.	$ 1,687,927.	$ 911,200.
TOTAL	$ 2,599,127.	$ 1,687,927.	$ 911,200.

DEPR. SCH. ATTACHED

STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS

ADVANCES,PREPAID EXPENSES AND DEPOSITS	$ 6,166,316.
TOTAL	$ 6,166,316.

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RICHARD A. FRANK 3405 LOWELL STREET, N.W. WASHINGTON, DC 20015	PRESIDENT/DIR FULL TIME	$ 356,586.	$ 40,000.	$ 2,286.
DAVID REENE 3815 49TH STREET NW WASINGTON, DC 20016	VICE PRESIDENT FULL TIME	134,977.	16,629.	180.
ALEX K. BROWN 325 BRANCH DRIVE SILVER SPRING, MD 20901	VICE PRESIDENT FULL TIME	203,400.	34,050.	270.
PATRICIA MCGRATH 7926 WEST BEACH DRIVE, NW WASHINGTON, DC 20012	VICE PRESIDENT FULL TIME	285,978.	0.	0.
SALLY COWAL 2911 OLIVE STEET NW WASHINTON, DC 20007	VICE PRESIDENT FULL TIME	128,615.	2,817.	774.
DR. MALCOLM POTTS 962 ARLINGTON AVENUE BERKELEY, CA 94707	DIRECTOR PART TIME	0.	0.	0.
SALLIE CRAIG HUBER 1175 CHESTNUT STREET-UNIT 6 NEWTON, MA 02464	DIRECTOR PART TIME	0.	0.	0.

STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MECHAI VIRVAIDYA 6 SUKHUMVIT SOI 12 BANGKOK, 11 THAILAND,	DIRECTOR PART TIME	$ 0.	$ 0.	$ 0.
DR. GILBERT OMENN 3340 E. DOBSON PLACE ANN ARBOR, MI 48105	DIRECTOR PART TIME	0.	0.	0.
FRANK LOY 3230 RESERVOIR ROAD,NW WASHINGTON, DC 20007	DIRECTOR PART TIME	0.	0.	0.
WILLIAM WARSHAUER 3522 NORTHAMPTON STREET, NW WASHINGTON, DC 20015	VICE PRESIDENT FULL TIME	171,323.	32,496.	180.
FRANK CARLUCCI 1207 CREST LANE MCLEAN, VA 22101	DIRECTOR PART TIME	0.	0.	0.
PETER CLANCY 3334 UPLAND TERRANCE, NW WASHINGTON, DC 20015	VICE PRESIDENT FULL TIME	207,431.	37,750.	270.
ADRIAAN JACOBOVITS DE SZEGED RIOUWSTRAAT 76 2585 HD THE HAGUE/NEHE,	DIRECTOR PART TIME	0.	0.	0.
RITA I. BASS C/O MEDIBANC-200 FILLMORE ST. DENVER, CO 80206	DIRECTOR PART TIME	0.	0.	0.
SARA G. EPSTEIN 5620 OREGON AVENUE WASHINGTON, DC 20015-1132	DIRECTOR PART TIME	0.	0.	0.
GAIL HARMON 1726 M STREET, N.W.- SUITE 600 WASHINGTON, DC 20036	DIRECTOR PART TIME	0.	0.	0.
WILLIAM CALDWELL HARROP 3615 49TH STREET, N.W. WASHINGTON, DC 20016	DIRECTOR PART TIME	0.	0.	0.
DANA HOVIG 1840 CALIFORNIA ST. N.W. WASHINGTON, DC 20008	VICE PRESIDENT FULL TIME	69,504.	6,359.	30.

STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MICHELE CATO C/O PSI CHINA-6 E. REN MIN RD KUNMING, YUNNAN CHINA, 650051	VICE PRESIDENT FULL TIME	$ 113,449.	$ 6,992.	$ 36,146.
	TOTAL	$ 1,671,263.	$ 177,093.	$ 40,136.

STATEMENT 7
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2002	(B) 2001	(C) 2000	(D) 1999	(E) TOTAL
CAPITAL GAIN OR LOSSES	$ 245,456.	$ 91,968.	$ 111,413.	$ -50,959.	$ 397,878.
TOTAL	$ 245,456.	$ 91,968.	$ 111,413.	$ -50,959.	$ 397,878.

August 17, 2004

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension
1120 19th Street N W
Suite # 600
Washington, DC 20036

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
Equities									
(33)	CITIGROUP INC.	<1>	774	1,114	(33)	0	345	33	2,233
0	NORTEL NETWOR	<1>	0	1,064	0	0	(6)	0	1,058
(33)			774	2,177	(33)	0	339	33	3,290
Fixed Income									
(1,450)	BANK AMERICA C 02/14/2004 5.80%	<1>	25,980	0	(1,450)	0	(863)	1,450	25,118
	Accrued Income		548						548
(10,750)	FED HOME LN 5.37 01/05/2004 5 375%	<1>	208,300	0	(10,750)	0	(8,240)	10,750	200,060
	Accrued Income		5,256						5,256
(5,375)	FED HOME LN 5 37 01/05/2004 5.375%	<2>	104,150	0	(5,375)	0	(4,120)	5,375	100,030
	Accrued Income		2,628						2,628
(83,948)	FED HOME LN 4.75 03/15/2003 4 75%	<1>	82,582	0	(83,948)	(582)	0	1,948	0
	Accrued Income		1,147						
(256,250)	FED HOME LN 5.0% 02/28/2003 5.00%	<1>	251,475	0	(256,250)	(1,475)	0	6,250	0
	Accrued Income		4,167						
(16,125)	FED HOME LN 5.37 02/15/2006 5 375%	<1>	327,000	0	(16,125)	0	(6,750)	16,125	320,250
	Accrued Income		6,092						6,092
(528,000)	FED HOME LN 5.60 09/02/2003 5.60%	<1>	514,350	0	(528,000)	(14,350)	0	28,000	0
	Accrued Income		9,256						

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
Fixed Income									
(15,840)	FED HOME LN 5.60 09/02/2003 5.60%	<2>	15,431	0	(15,840)	(431)	0	840	0
	Accrued Income		278						
(102,920)	FED HOME LN 5.84 05/14/2003 5 84%	<1>	101,650	0	(102,920)	(1,650)	0	2,920	0
	Accrued Income		762						
(12,375)	FED HOME LN BK 4 01/14/2005 4.125%	<1>	313,590	0	(12,375)	0	(5,058)	12,375	308,532
	Accrued Income		5,741						5,741
(12,188)	FED HOME LN BK 4 04/16/2004 4 875%	<1>	260,925	0	(12,188)	0	(8,268)	12,188	252,657
	Accrued Income		2,539						2,539
500,000	FED HOME LN BK 10/22/2010 3.50%	<1>	0	500,000	0	0	(3,500)	0	496,500
	Accrued Income								3,354
(7,825)	FED HOME LN MT 01/03/2007 3.13%	<1>	0	500,000	(507,825)	0	0	7,825	0
(15,000)	FED HOME LN MT 12/17/2007 4.00%	<1>	504.650	0	(15,000)	0	(4,650)	15,000	500,000
	Accrued Income								722
(314,210)	FNMA 4.75% 11/14/0 11/14/2003 4.75%	<1>	308,880	0	(314,210)	(8,880)	0	14,210	0
	Accrued Income		1,860						
(10,688)	FNMA 4.75% 3/15/04 03/15/2004 4.75%	<1>	234,000	0	(10,688)	0	(7,403)	10,688	226,598
	Accrued Income		3,147						3,147
(1,188)	FNMA 4.75% 3/15/04 03/15/2004 4.75%	<2>	26,000	0	(1,188)	0	(823)	1,188	25,178
	Accrued Income		350						350

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
Fixed Income									
(9,738)	FNMA 5.125% 2/13/0 02/13/2004 5 125%	<1>	197,942	0	(9,738)	0	(7,068)	9,738	190,874
	Accrued Income		3,733						3,733
(11,813)	FNMA 5.25% 6/15/06 06/15/2006 5.25%	<1>	245,160	0	(11,813)	0	(4,500)	11,813	240,660
	Accrued Income		525						525
(1,313)	FNMA 5.25% 6/15/06 06/15/2006 5.25%	<2>	27,240	0	(1,313)	0	(500)	1,313	26,740
	Accrued Income		58						58
(8,175)	FNMA 5.45% 4/26/06 04/26/2006 5.45%	<1>	157,260	0	(8,175)	0	(5,205)	8,175	152,055
	Accrued Income		1,476						1,476
(257,188)	FNMA 5.75% 4/15/03 04/15/2003 5.75%	<1>	253,200	0	(257,188)	(3,200)	0	7,188	0
	Accrued Income		3,035						
(2,875)	FNMA 5.75% 6/15/05 06/15/2005 5.75%	<1>	54,515	0	(2,875)	0	(1,515)	2,875	53,000
	Accrued Income		128						128
(27,235)	FNMA 6 50% 8/15/04 08/15/2004 6.50%	<1>	451,724	0	(27,235)	0	(19,106)	27,235	432,618
	Accrued Income		10,289						10,289
(14,000)	FNMA 7.0% 7/15/05 07/15/2005 7.00%	<1>	224,240	0	(14,000)	0	(8,180)	14,000	216,060
	Accrued Income		6,456						6,456
200,000	FNMA STEP 10/8/13 10/08/2013 4.00% Call 10/08/2004, 100.	<1>	0	200,000	0	0	(2,380)	0	197,620
300,000	FNMA STEP 9/20/10 09/20/2010 4.125% Call 09/20/2004, 100.	<1>	0	300,000	0	0	1,500	0	301,500

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
Fixed Income									
(8,063)	GENERAL ELECT C 04/23/2004 5.375%	<1>	156,840	0	(8,063)	0	(4,980)	8,063	151,860
	Accrued Income		1,523						1,523
(12,800)	GTE NORTH 6 4% 2 02/15/2005 6.40%	<1>	215,960	0	(12,800)	0	(5,620)	12,800	210,340
	Accrued Income		4,836						4,836
(5,963)	MARSH & MCLENN 06/15/2004 6.625%	<2>	96,120	0	(5,963)	0	(4,050)	5,963	92,070
	Accrued Income		265						265
494,385	TENN VALLEY AU 05/15/2008 2.45%	<1>	0	500,000	(5,615)	0	(24,360)	5,615	475,640
	Accrued Income								1,565
492,417	TENN VALLEY AU 01/15/2008 3.05%	<1>	0	500,000	(7,583)	0	(11,710)	7,583	488,290
	Accrued Income								7,032
233,512			5,435,255	2,500,000	(2,266,488)	(30,568)	(147,348)	269,488	5,752,508
CDs									
(99,231)	ALLFIRST BK 2 30 02/20/2003 2.30%	<1>	96,961	0	(99,231)	39	0	2,231	0
	Accrued Income		1,938						
(4,947)	AMCORE BANK 5.1 03/20/2007 5.10%	<1>	101,772	0	(4,947)	0	359	4,947	102,131
	Accrued Income		1,392						1,392
(2,205)	ATHENS FIRST BK 01/27/2005 2.25%	<1>	96,246	0	(2,205)	0	1,539	2,205	97,784
	Accrued Income		30						30

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
CDs									
(4,850)	BANCO BIL VIZ 5% 06/12/2004 5.00%	<1>	100,405	0	(4,850)	0	(1,843)	4,850	98,562
	Accrued Income		2,326						2,326
97,004	BANCO POPULAR 2 02/14/2005 2.05%	<1>	0	98,000	(996)	0	(78)	996	97,922
	Accrued Income								779
(2,205)	BANCO POPULAR 2 11/22/2004 2.25%	<1>	97,069	0	(2,205)	0	1,088	2,205	98,157
	Accrued Income		236						236
96,888	BANKATLANTIC 2. 03/13/2006 2.25%	<1>	0	98,000	(1,112)	0	(1,039)	1,112	96,961
	Accrued Income								667
(2,205)	BANKFIRST 2.25% 12/13/2004 2.25%	<1>	97,049	0	(2,205)	0	1,058	2,205	98,108
	Accrued Income		115						115
98,000	BEAL BANK 1.35% 04/28/2004 1.35%	<1>	0	98,000	0	0	(167)	0	97,833
	Accrued Income								892
(4,511)	BOSTON PVT BK 4. 02/13/2007 4.65%	<1>	100,211	0	(4,511)	0	504	4,511	100,715
	Accrued Income		1,745						1,745
(3,104)	BSB BANK 3 20% 1 12/18/2006 3.20%	<1>	95,118	0	(3,104)	0	1,494	3,104	96,612
	Accrued Income		111						111
96,979	CAPITAL CROSSIN 01/06/2005 2 10%	<1>	0	98,000	(1,021)	0	(20)	1,021	97,980
	Accrued Income								1,009
(3,880)	CAPITAL ONE BK 4 11/15/2004 4.00%	<1>	99,153	0	(3,880)	0	(514)	3,880	98,639
	Accrued Income		501						501

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
CDs									
(3,920)	CITIZENS BK 4.0% 05/16/2005 4 00%	<1>	100,577	0	(3,920)	0	(363)	3,920	100,215
	Accrued Income		495						495
(3,724)	CITY NAT'L BK 3 80 03/29/2004 3.80%	<1>	99,480	0	(3,724)	0	(1,049)	3,724	98,431
	Accrued Income		974						974
96,691	COASTAL BANK 2. 03/05/2007 2.65%	<1>	0	98,000	(1,309)	0	(2,029)	1,309	95,971
	Accrued Income								836
98,000	COLE TAYLOR BK 12/29/2004 1.45%	<1>	0	98,000	0	0	(637)	0	97,363
	Accrued Income								8
(98,688)	COLE TAYLOR BK 08/13/2003 2.80%	<1>	96,259	0	(98,688)	(259)	0	2,688	0
	Accrued Income		1,037						
(3,332)	COLONIAL BK 3.40 05/17/2004 3.40%	<1>	99,117	0	(3,332)	0	(578)	3,332	98,539
	Accrued Income		421						421
96,575	CORUS BANK 2 9% 04/04/2007 2.90%	<1>	0	98,000	(1,425)	0	(1,323)	1,425	96,677
	Accrued Income								688
(101,626)	DEEPGREEN BK 3.7 12/05/2003 3.70%	<1>	99,225	0	(101,626)	(1,225)	0	3,626	0
	Accrued Income		259						
(100,929)	DORAL FED SVING 08/22/2003 4.05%	<1>	98,038	0	(100,929)	(1,038)	0	3,929	0
	Accrued Income		1,508						
96,435	E*TRADE BK 3.15% 04/28/2008 3.15%	<1>	0	98,000	(1,565)	0	(2,783)	1,565	95,217
	Accrued Income								568

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
CDs									
(99,037)	EAST WEST BK 2.1 01/30/2003 2.10%	<1>	96,942	0	(99,037)	58	0	2,037	0
	Accrued Income		1,888						
(3,444)	EUROBANK 3.55% 12/18/2007 3.55%	<1>	94,536	0	(3,444)	0	1,678	3,444	96,214
	Accrued Income		123						123
98,000	EXCEL BANK 1.4% 03/05/2004 1.40%	<1>	0	98,000	0	0	(78)	0	97,922
	Accrued Income								1,138
98,251	FIDELITY NATL BK 11/17/2004 1.50%	<1>	0	99,000	(749)	0	(436)	749	98,564
	Accrued Income								944
(4,656)	FIRESIDE THRIFT 4. 02/22/2007 4 80%	<1>	100,783	0	(4,656)	0	388	4,656	101,171
	Accrued Income		1,685						1,685
(101,430)	FIRST ALLIANCE B 12/12/2003 3.50%	<1>	99,068	0	(101,430)	(1,068)	0	3,430	0
	Accrued Income		179						
(2,793)	FIRST BK HIGHLA 12/05/2005 2.85%	<1>	96,559	0	(2,793)	0	1,617	2,793	98,176
	Accrued Income		207						207
(4,410)	FIRST BK PUERTO 01/23/2007 4.50%	<1>	100,656	0	(4,410)	0	608	4,410	101,263
	Accrued Income		1,965						1,965
98,000	FIRST BUSINESS B 12/30/2004 1.40%	<1>	0	98,000	0	0	(686)	0	97,314
(3,920)	FIRST COMMERCI 09/27/2004 4.00%	<1>	100,097	0	(3,920)	0	(666)	3,920	99,431
	Accrued Income		1,026						1,026

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
CDs									
(2,058)	FIRST INDIANA BK 12/30/2004 2.10%	<1>	96,746	0	(2,058)	0	1,235	2,058	97,980
(2,156)	FIRST MIDWEST B 06/20/2005 2.20%	<1>	96,491	0	(2,156)	0	1,225	2,156	97,716
	Accrued Income		77						77
(1,791)	FIRST PREMIER BK 11/29/2004 2 00%	<1>	96,599	0	(1,791)	0	1,382	1,791	97,980
	Accrued Income		183						183
98,000	FIRST SIGNATURE 01/02/2007 2.50%	<1>	0	98,000	0	0	(1,784)	0	96,216
	Accrued Income								202
(4,171)	FIRSTMERIT BK 4.3 01/30/2006 4.30%	<1>	99,580	0	(4,171)	0	417	4,171	99,997
	Accrued Income		1,776						1,776
(101,479)	FLAGSTAR BK 3.55 12/12/2003 3.55%	<1>	99,117	0	(101,479)	(1,117)	0	3,479	0
	Accrued Income		181						
96,542	FLORIDA BK 3.0% 07/17/2006 3.00%	<1>	0	98,000	(1,458)	0	(216)	1,458	97,784
	Accrued Income								1,371
96,864	FST COMMONWEA 03/14/2006 2.30%	<1>	0	98,000	(1,136)	0	(941)	1,136	97,059
	Accrued Income								669
(3,920)	HAPOALIM BK 4.0 05/09/2005 4 00%	<1>	100,332	0	(3,920)	0	(363)	3,920	99,970
	Accrued Income		571						571
(101,332)	HUDSON UNITED B 09/26/2003 3.40%	<1>	98,735	0	(101,332)	(735)	0	3,332	0
	Accrued Income		880						

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
CDs									
98,000	HUMBOLDT BANK	<1>	0	98,000	0	0	(186)	0	97,814
	05/14/2004 1.35%								
	Accrued Income								841
(4,462)	JACKSON FED. BK	<1>	100,026	0	(4,462)	0	543	4,462	100,570
	02/13/2007 4.60%								
	Accrued Income		1,727						1,727
98,226	JUNIPER BANK 1.55	<1>	0	99,000	(774)	0	(297)	774	98,703
	09/29/2004 1.55%								
	Accrued Income								404
(4,365)	KEY BANK 4.50% 1/	<1>	96,030	0	(4,365)	0	4,220	4,365	100,250
	01/30/2007 4 50%								
	Accrued Income		1,859						1,859
(4,850)	LEHMAN BROS CD	<1>	98,969	0	(4,850)	0	(349)	4,850	98,620
	07/19/2004 5.00%								
	Accrued Income		7,318						12,666
(4,018)	MATRIX CAPITAL	<1>	97,216	0	(4,018)	0	3,401	4,018	100,617
	01/23/2006 4.10%								
	Accrued Income		1,788						1,788
82,000	MBNA AMERICA 2.	<1>	0	82,000	0	0	(877)	0	81,123
	01/03/2006 2 20%								
80,902	MBNA AMERICA B	<1>	0	82,000	(1,098)	0	(82)	1,098	81,918
	01/17/2006 2.70%								
	Accrued Income								1,032
(504)	MBNA AMERICA B	<2>	16,080	0	(504)	0	80	504	16,160
	08/29/2005 3.15%								
95,557	MERRILL LYNCH B	<1>	0	97,000	(1,443)	0	(960)	1,443	96,040
	01/22/2007 3.00%								
	Accrued Income								1,300

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
CDs									
96,913	MIDFIRST BANK 2. 03/06/2006 2.20%	<1>	0	98,000	(1,087)	0	(1,137)	1,087	96,863
	Accrued Income								694
(99,474)	MIDWEST BK 2.55 04/10/2003 2.55%	<1>	97,058	0	(99,474)	(58)	0	2,474	0
	Accrued Income		1,812						
(99,522)	MILL CREEK BK 2. 05/15/2003 2.60%	<1>	96,758	0	(99,522)	243	0	2,522	0
	Accrued Income		1,602						
(3,528)	NAT'L CITY BK 3.60 04/13/2004 3.60%	<1>	99,284	0	(3,528)	0	(833)	3,528	98,451
	Accrued Income		796						796
(4,511)	NAT'L CITY BK IND 02/13/2007 4 65%	<1>	100,211	0	(4,511)	0	504	4,511	100,715
	Accrued Income		1,745						1,745
96,913	NATIONAL BK 2 20 05/23/2006 2.20%	<1>	0	98,000	(1,087)	0	(1,509)	1,087	96,491
	Accrued Income								225
(3,577)	NATIONAL BK 3.65 03/29/2004 3 65%	<1>	99,303	0	(3,577)	0	(911)	3,577	98,392
	Accrued Income		935						935
97,028	NBT BANK 2.0% 2/ 02/14/2005 2.00%	<1>	0	98,000	(972)	0	(137)	972	97,863
	Accrued Income								760
(99,328)	NETBANK 2.40% 3/ 03/13/2003 2.40%	<1>	96,990	0	(99,328)	10	0	2,328	0
	Accrued Income		1,887						
(3,234)	NORTH COUNTRY 02/02/2004 3.30%	<1>	98,784	0	(3,234)	0	(676)	3,234	98,108
	Accrued Income		1,365						1,365

Position Performance Summary
From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
CDs									
12,000	OKLAHOMA BANK 07/05/2005 1.35%	<2>	0	12,000	0	0	(95)	0	11,905
	Accrued Income								81
(1,111)	PETALUMA, BANK 11/19/2003 1.50%	<1>	0	99,000	(100,111)	0	0	1,111	0
(3,332)	PREMIERE R G BK 05/10/2004 3.40%	<1>	99,107	0	(3,332)	0	(598)	3,332	98,510
	Accrued Income		485						485
(2,254)	PRIVATE BANK 2 3 10/18/2004 2.30%	<1>	97,187	0	(2,254)	0	1,068	2,254	98,255
	Accrued Income		464						464
(4,996)	PROVIDENT BK 5.1 04/17/2007 5.15%	<1>	102,044	0	(4,996)	0	359	4,996	102,403
	Accrued Income		1,129						1,129
(3,880)	ROSLYN SVINGS B 11/22/2004 4.00%	<1>	99,173	0	(3,880)	0	(504)	3,880	98,668
	Accrued Income		426						426
(1,111)	SAN JOSE NATL BK 11/19/2003 1.50%	<1>	0	99,000	(100,111)	0	0	1,111	0
(2,205)	SECURITY BK 2.25 06/30/2005 2.25%	<1>	96,246	0	(2,205)	0	1,539	2,205	97,784
(3,444)	ST FRANCES BK 3.5 03/22/2004 3 55%	<1>	98,154	0	(3,444)	0	(815)	3,444	97,340
	Accrued Income		967						967
96,158	STILLWATER NAT' 08/04/2004 1.75%	<1>	0	97,000	(842)	0	(126)	842	96,874
	Accrued Income								724
(99,369)	TEXAS CAP BK 3 5 09/29/2003 3.50%	<1>	96,797	0	(99,369)	(797)	0	3,369	0
	Accrued Income		869						

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
CDs									
99,000	UNIZAN BANK 1.30 04/16/2004 1.30%	<1>	0	99,000	0	0	(158)	0	98,842
	Accrued Income								917
96,963	WAUWATOSA SVG 05/22/2006 2.10%	<1>	0	98,000	(1,037)	0	(1,686)	1,037	96,314
	Accrued Income								226
96,790	WESTERNBANK 2.4 05/08/2006 2.45%	<1>	0	98,000	(1,210)	0	(892)	1,210	97,108
	Accrued Income								356
1,179,655			4,689,342	2,727,000	(1,547,345)	(5,948)	(4,116)	183,345	6,050,915
T-Bills									
1,686,130	US TREASURY STR 08/15/2005	<1>	0	1,928,330	(242,200)	0	17,678	1,533	1,705,340
442,230	US TREASURY STR 08/15/2007	<1>	0	442,230	0	0	11,160	0	453,390
1,895,586	US TREASURY STR 02/15/2006	<1>	0	1,895,586	0	0	24,134	0	1,919,720
1,373,490	US TREASURY STR 02/15/2007	<1>	0	1,373,490	0	0	12,840	0	1,386,330
(5,185)	US TREASURY STR 05/15/2005	<1>	0	971,730	(976,915)	0	0	5,185	0
(1,471,035)	US TREASURY STR 02/15/2005	<1>	1,447,350	0	(1,471,035)	0	0	23,685	0
(495,165)	US TREASURY STR 05/15/2004	<1>	491,100	0	(495,165)	0	0	4,065	0

Position Performance Summary

From 12/31/2002 to 12/31/2003

Population Service Int'l - non pension

Transfers	Description		12/31/2002 Value	Additions Purchases	Withdrawals Sales	Realized Gain (Loss)	Unrealized Gain (Loss)	Income Expenses	12/31/2003 Value
T-Bills									
(494,761)	US TREASURY STR 08/15/2004	<1>	488,800	0	(494,761)	0	0	5,961	0
2,931,290			2,427,250	6,611,366	(3,680,076)	0	65,811	40,428	5,464,780
Cash and Money Funds									
(3,649)	CASH	<2>	3,640	53,259	(56,907)	0	0	9	1
(5,500,590)	CASH	<1>	1	44,510,518	(44,511,107)	0	0	590	2
642,228	CMA TREASURY F	<1>	0	943,385	(301,157)	0	0	266	642,494
3,534	CMA TREASURY F	<2>	0	14,583	(11,049)	0	0	6	3,540
(2,309,371)	M/L INSTITUTIONA	<1>	2,307,052	97,000	(2,406,371)	0	0	2,319	0
(331,610)	ML BANKING ADV	<1>	1,178,586	15,303,276	(15,634,886)	0	0	888	847,864
18,313	ML BANKING ADV	<2>	1,437	30,341	(12,028)	0	0	19	19,769
3,136,736	ML TREASURY FU	<1>	0	12,540,817	(9,404,082)	0	0	10,356	3,147,091
(17)	ML TREASURY FU	<2>	0	9,190	(9,207)	0	0	17	0
(4,344,426)			3,490,717	73,502,369	(72,346,795)	0	0	14,470	4,660,762
0			16,043,338	85,342,913	(79,840,735)	(36,516)	(85,314)	507,764	21,932,256

$121,830

<1> Population Services International Unr Acct #· 841-04E51
1120 19th STREET NW, SUITE 600
WASHINGTON, DC 20036

<2> PSI Nigeria Endowment Account Temp Restricted Acct #: 841-04E50
1120 19th STREET NW, SUITE 600
WASHINGTON, DC 20036

Population Services International
Fixed Assets
December 31, 2003

		FIXED ASSETS				ACCUMULATED DEPRECIATION					NBV
	G/L #	Beg Bal	Additions	Disposals	End Bal	Beg Bal	Additions	Reclass	Disposals	End Bal	
Furniture	1500-100	114,292 28			114,292.28	42,909 83	144,023.92	-121,165.46		65,768.29	48,523.99
Equipment	1500-200	1,286,726.10	66,875 71		1,353,601 81	918,958.42	266,300.86	-121,165.46		1,064,093 82	289,507.99
Contracts Data Base System	1500-350	370,990.10			370,990.10	176,716.97	-52,998.59	105,997.18		229,715 56	141,274.54
New Accounting System	1500-400	311,496.50	43,906.00		355,402 50	170,107 24	-50,771 79	101,543 58		220,879 03	134,523.47
Deltek HR Module	1500-401	53,999 64			53,999.64	7,714.23	-7,714 23	15,428.46		15,428.46	38,571.18
5th Floor Build Out	1500-450	53,528.05			53,528.05	25,464.46	-5,404.79	10,809 58		30,869 25	22,658.80
4th Floor Build Out	1500-455	34,208.50			34,208.50	4,276.06	-4,276.06	8,552.12		8,552.12	25,656.38
Total		2,225,241.17	110,781.71	0.00	2,336,022.88	1,346,147.21	289,159.32	0.00	0.00	1,635,306.53	700,716.35
FROM PG. 2 OF 2							52,621				210,484
							341,780.32				911,200.35

PSI

2003 Field Fixed Asset Analysis as reported

2OF2

2003 final

Project Acct Group	Donor 042	Donor 109	Donor 126	Customer 010-UNRES (donor 126)	Donor 060	Donor 085	Donor 054	Donor 074	Original Total including <$5k	PSI owned <$5k or software or rental	Total excluding <$5k	Additional PSI Owned, including <$5k	Additional PSI Owned >5k	Revised Total PSI >$5k	Dutch & DFID Core	Foundations & Corporations	Other PSI (including Temp Rest)	Total
													Original total, including <$k5, software and rental	279,857				
													Additional PSI owned, including <$5k, software and rental	259,364				
													Total PSI owned for capital consideration before estimate for expenses	539,221	40,189	337,462	161,570	539,221
													Expense 74 3% (expenses as a percent of total FF&E purchased with overhead funds) of 68 9% (non-vehicle purchases from non-overhead funds)	276,116	20,579	172,803	82,734	276,116
													2003 capital expenditure to record via AJE	263,105	19,610	164,659	78,835	263,105
													one year depreciation, five year life	52,621	3,922	32,932	15,767	52,621
													NBV 12/31/2003	210,484	15,688	131,728	63,068	210,484

Basis for allocation of 5250 purchaess between capital and expense	2003	Percent
Capital purchased of FF&E with overhead funds	110,782	25 69%
Expensed purchased of FF&E with overhead funds	320,501	74 31%
Total FF&E purchased eith overhead funds	431,283	100 00%
Vehicles purchased with non-overhead funds	2,111,246	31 09%
Non-vehicle 5250 purchased with non-overhead funds	4,678,680	68 91%
Total 5250 purchased with non-overhead funds	6,789,926	100 00%

Form 990, Part VI, line 90a
States with which a copy of this return is filed.

Alabama
Alaska
Arkansas
California
Connecticut
Colorado
Florida
Georgia
Illinois
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
New Hampshire
New Jersey
New York
New Mexico
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

Form **8868** (December 2000)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ ☑
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Note: ***Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.***

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Note: ***Form 990-T corporations*** *requesting an automatic 6-month extension—check this box and complete Part I only* . . . ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	**Employer identification number**
	POPULATION SERVICES INTERNATIONAL	56 : 0942853
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. C/O ALAN DOLINSKY - 9 SPRUCE PLACE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREAT NECK, NEW YORK 11021	

Check type of return to be filed (file a separate application for each return):

☑ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUGUST 16, 20 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☑ calendar year 20 03 or
▶ ☐ tax year beginning .... , 20 ...., and ending .... , 20 ....

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . $

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . $

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . $

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ [signature] Title ▶ CPA Date ▶ 5

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ ☑

Note: ***Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.***

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print	Name of Exempt Organization POPULATION SERVICES INTERNATIONAL	Employer identification number 56 : 0942853
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. C/O ALAN DOLINSKY - 9 SPRUCE PLACE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. GREAT NECK, NEW YORK 11021	

Check type of return to be filed (File a separate application for each return):

☑ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 20 04.

5 For calendar year 2003, or other tax year beginning ________, 20__ and ending ________, 20__.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION IS NECESSARY FOR THE COMPLETION OF TEHE TAX RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . $

b If this application is for Form 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 and any amount paid previously with Form 8868 . . . . $

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . $

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ AD Title ▶ CPA Date ▶ 8/12/04

Notice to Applicant—To Be Completed by the IRS

☐ We have approved this application. Please attach this form to the organization's return.

☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

☐ Other ________

________ By: ________ ________
Director Date

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	**Name**
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)