

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- 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.

C Name of organization
POPULATION SERVICES INTERNATIONAL
Number and street (or P O box if mail is not delivered to street address) Room/suite
1120 NINETEENTH STREET NW
City or town, state or country, and ZIP + 4
WASHINGTON, DC 20036

D Employer identification number
56-0942853
E Telephone number
(516) 466-6834
F Accounting method
Cash
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).

G Web site: WWW.PSI.ORG

J Organization type (check only one)
501(c)(3)
4947(a)(1)
527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 375,198,336

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates?
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Group Exemption Number
M Check if the organization is not required to attach Sch B

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

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 (See the instructions.)

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
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	1,910,193	170,772	1,739,421
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	17,629		17,629
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	66,214,262	58,049,431	7,889,132
27 Pension plan contributions not included on lines 25a, b and c	27	1,151,124	521,857	610,396
28 Employee benefits not included on lines 25a - 27	28	10,368,308	7,848,252	2,456,681
29 Payroll taxes	29	1,382,243	626,634	732,950
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	21,315,311	19,184,245	1,999,534
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	1,465,397	885,543	579,854
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	334,971,314	311,470,499	21,693,391

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 (See the instructions.)

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.

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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a HEALTH,FAMILY PLANNING SERVICES & EDUCATIONAL ORGANIZATION TO DEVELOP & ADMINISTER FAMILY PLANNING, AIDS PREVENTION/EDUCATION & MATERNAL/CHILD HEALTH PROGRAMS THE DISTRIBUTION OF INFORMATIVE LITERATURE AND COMMODITIES, PERTAINING TO ABOVE, IN DEVELOPING COUNTRIES WORLDWIDE (Grants and allocations \$ 3,974,263) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	311,470,499
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	311,470,499

Part IV Balance Sheets (See the 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	39,029,552	46	49,358,548
	47a Accounts receivable	47a 5,038,851		
	b Less allowance for doubtful accounts	47b 2,581,071	2,070,195	47c 2,457,780
	48a Pledges receivable	48a 681,046		
	b Less allowance for doubtful accounts	48b	729,215	48c 681,046
	49 Grants receivable		41,522,215	49 57,106,720
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		22,887,803	52 22,703,683
	53 Prepaid expenses and deferred charges			53
	54a Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		31,902,447	54a 37,591,614
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			54b
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)			56	
57a Land, buildings, and equipment basis	57a 68,127,483			
b Less accumulated depreciation (attach schedule)	57b 6,892,945	5,892,361	57c  61,234,538	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		5,624,447	58  10,674,498	
59 Total assets (must equal line 74) Add lines 45 through 58		149,658,235	59 241,808,427	
Liabilities	60 Accounts payable and accrued expenses		25,166,686	60 34,893,270
	61 Grants payable			61
	62 Deferred revenue		68,362,633	62 95,987,746
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a  28,200,000
	b Mortgages and other notes payable (attach schedule)			64b  21,352,172
	65 Other liabilities (describe <input type="checkbox"/> _____)			65
66 Total liabilities Add lines 60 through 65		93,529,319	66 180,433,188	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		49,032,311	67 52,310,614
	68 Temporarily restricted		7,085,418	68 9,053,438
	69 Permanently restricted		11,187	69 11,187
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 and column (B) must equal line 21)		56,128,916	73 61,375,239
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		149,658,235	74 241,808,427

Part VI Other Information (continued)

Yes No

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 No
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
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a Yes
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b Yes
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b No
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a No
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b No
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 the prior year
c Dues assessments, and similar amounts from members 85c
d Section 162(e) lobbying and political expenditures 85d
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g No
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 No
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0
b Gross receipts, included on line 12, for public use of club facilities 86b 0
87 501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b 0
88a 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 88a No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI 88b No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
b 501(c)(3) and 501(c)(4) orgs. 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 No
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Enter Amount of tax on line 89c, above, reimbursed by the organization
e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? 89e No
f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? 89f No
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g No
90a List the states with which a copy of this return is filed See Additional Data Table
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 246
91a The books are in care of CHRIS HOLLEMAN Telephone no (202) 785-0072
1120 NINETEENTH ST NW
Located at WASHINGTON, DC ZIP + 4 20036
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b Yes No
If "Yes," enter the name of the foreign country AF
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country **▶** AF

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

and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **92**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE REVENUE					35,374,313
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	2,465,130	
97 Net rental income or (loss) from real estate					
a debt-financed property	531120	-367,274			
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			1	543,777	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a CURRENCY EXCHANGE ADJUSTM					1,613,635
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-367,274		3,008,907	36,987,948
105 Total (add line 104, columns (B), (D), and (E))					39,629,581

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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)
103(b)	CURRENCY EXCHANGE GAINS OR LOSSES ARE DERIVED FROM PROJECTS IN UNDERDEVELOPED COUNTRIES
93 (a)	PROGRAM SERVICES REVENUE IS DERIVED FROM PROJECTS IN UNDERDEVELOPED COUNTRIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the 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 indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?				Yes	No
					No

Please Sign Here

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

Signature of officer

2009-01-08
Date

KARL HOFMANN President & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: ALAN DOLINSKY

Date:

Firm's name (or yours if self-employed), address, and ZIP + 4: Alan Dolinsky CPA
9 Spruce Place
Great Neck, NY 11021

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 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

2007

Department of the
Treasury
Internal Revenue
Service

Name of the organization
POPULATION SERVICES INTERNATIONAL

Employer identification number

56-0942853

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
KATHRYN ROBERTS 1734 V STREET NW WASHINGTON, DC 20009	DIR MARKETING 50 00	270,245	16,102	180
CYNTHIA ROBINSON C/O PSI WASHINGTON DC OFFICE DC PP	COUNTRY REP 40 00	93,860	5,655	64,204
DESMOND CHAVASSE C/O PSI WASHINGTON DC OFFICE DC KE	VP MALARIA 40 00	193,374	7,624	0
DAVID C WALKER C/O PSI WASHINGTON DC OFFICE DC KE	GLOBAL DIRECTOR 40 00	235,221	8,007	270
SEAN MAYBERRY C/O PSI WASHINGTON DC OFFICE DC IN	COUNTRY REP 40 00	112,050	4,496	128,418
Total number of other employees paid over \$50,000	186			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
GOOD WORKS CONSULTING 41 FOUR FARMS CIRCLE GREENSBORO, NC 27410	CONSULTING SERVICES	108,975
KPMG 2001 M STREET NW WASHINGTON, DC 20036	AUDIT SERVICES	323,796
INDEPENDENT NETWORK CONSULTANTS 2209 B DEFENSE HIGHWAY CROFTON, MD 21114	COMPUTER CONSULTING	149,425
ALAN DOLINSKY CPA 9 SPRUCE PLACE GREAT NECK, NY 11021	ACCT&FINANCIAL CONSU	180,270
SONENTHAL & OVERALL 1120 19th STREET NW SUITE 420 WASHINGTON, DC 20036	LEGAL SERVICES	241,204
Total number of others receiving over \$50,000 for professional services	7	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)**Yes** **No**

1 During the year, has the organization attempted to influence national, state, or local legislation, include 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 ▶ \$ <u>40,785</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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	1	Yes	
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 property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		No
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	285,693,447	267,464,257	225,527,340	182,441,985	961,127,029	
16 Membership fees received					0	
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	45,041,110	23,572,563	22,760,339	21,315,942	112,689,954	
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	1,411,560	906,902	459,396	559,446	3,337,304	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
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					0	
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	705,304	31,734	151,496	121,800	400,274	
23 Total of lines 15 through 22	332,851,421	291,911,988	248,595,579	204,195,573	1,077,554,561	
24 Line 23 minus line 17	287,810,311	268,339,425	225,835,240	182,879,631	964,864,607	
25 Enter 1% of line 23	3,328,514	2,919,120	2,485,956	2,041,956		
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 19,297,292	
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 2002 through 2005 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 964,864,607	
d Add Amounts from column (e) for lines	18 3,337,304	19 0			26d 3,737,578	
	22	26 b			26e 961,127,029	
e Public support (line 26c minus line 26d total)					26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 9961 00 %	
27 Organizations described on line 12:	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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 11b, 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 (2006) _____ (2005) _____ (2004) _____ (2003) _____						
c Add Amounts from column (e) for lines	15 _____	16 _____			27c 0	
	17 _____	20 _____	21 _____			27d
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 2002 through 2005, 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 page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following	32a	
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 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)		
<hr/>		
<hr/>		
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)		
<hr/>		
<hr/>		
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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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 page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	40,785
38	Total lobbying expenditures (add lines 36 and 37)	38	40,785
39	Other exempt purpose expenditures	39	303,316,434
40	Total exempt purpose expenditures (add lines 38 and 39)	40	303,357,219
41	Lobbying nontaxable amount Enter the amount from the following table— 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	41	1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0
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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	15,317,861	15,294,432	13,276,816	12,579,779	56,468,888
46 Lobbying ceiling amount (150% of line 45(e))					84,703,332
47 Total lobbying expenditures	40,785				40,785
48 Grassroots nontaxable amount	3,829,465	3,823,608	3,319,204	3,144,945	14,117,222
49 Grassroots ceiling amount (150% of line 48(e))					21,175,833
50 Grassroots lobbying expenditures			47,947	59,020	106,967

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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			0
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

Additional Data

Software ID: 07000211

Software Version: 2007v2.4

EIN: 56-0942853

Name: POPULATION SERVICES INTERNATIONAL

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a SUBRECIPIENTS	43a	19,263,897	19,263,897		
b OTHER DIRECT/INDIRECT COSTS	43b	14,237,879	14,236,166	1,790	77
c OFFICE COSTS	43c	22,396,793	18,753,992	3,588,012	54,789
d FURNITURE & EQUIPMENT	43d	5,891,526	5,641,122	250,404	
e CONSULTANTS & CONTRACTS	43e	13,926,907	10,896,290	2,410,805	619,812
f COMMODITIES	43f	114,657,557	114,657,557		
g ALLOCATION OF MGMT/GENERAL TO	43g			-620,764	620,764
h ADVERTISING & PROMOTION	43h	40,772,288	40,734,741	37,547	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
STEVEN CHAPMAN KEIZERSGRACHT 730C AMSTERDAM 1017 EW NL	Vice President 50 00	134,580	16,893	15,500
DOUGLAS K STEVENS 10 BRIDLE COURT POTOMAC, MD 20854	CFO 50 00	185,091	13,875	1,039
KARL HOFMANN 309 ELM AVENUE TAKOMA PARK, MD 20912	President & CEO 50 00	285,301		214
JILL SHUMANN 2048 HOPEWOOD DRIVE FALLS CHURCH, VA 22043	Vice President 50 00	146,573	16,312	135
WILLIAM CALDWELL HARROP 3615 49th STREET NW WASHINGTON, DC 20016	DIRECTOR 0 00	0		
GAIL HARMON 1726 M STREET NW- SUITE 600 WASHINGTON, DC 20036	DIRECTOR 0 00	0		
SARA G EPSTEIN 5620 OREGON AVENUE WASHINGTON, DC 200151132	DIRECTOR 0 00	0		
JUDITH RICHARDS HOPE 875 15TH STREET NW WASHINGTON, DC 20005	Director 0 00	0		
ADRIAAN JACOBVITS DE SZEGED RIOUWSTRAAT 76 2585 HD THE HAGUE NL	Director 0 00	0		
PETER CLANCY 3334 UPLAND TERRANCE NW WASHINGTON, DC 20015	Vice President 50 00	308,514	39,600	414

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
FRANK CARLUCCI 1207 CREST LANE McLEAN, VA 22101	Director 0 00	0		
WILLIAM WARSHAUER 3522 NORTHAMPTON STREET NW WASHINGTON, DC 20015	Vice President 50 00	253,865	34,895	180
FRANK LOY 3230 RESERVOIR ROADNW WASHINGTON, DC 20007	Director 0 00	0		
DR GILBERT OMENN 3340 E DOBSON PLACE ANN ARBOR, MI 48105	DIRECTOR 0 00	0		
MECHAI VIRVAIDYA 6 SUKHUMVIT SOI 12 BANGKOK, 11 THAILAND TH	DIRECTOR 0 00	0		
ASHLEY JUDD UNAVAILABLE FRANKLIN, TN 37064	DIRECTOR 0 00	0		
DR MALCOLM POTTS 962 ARLINGTON AVENUE BERKELEY, CA 94707	Director 0 00	0		
SALLY COWAL 2911 OLIVE STEET NW WASHINTON, DC 20007	Vice President 50 00	179,885	30,746	1,188
DR SHIMA GYOH 111CAPTAIN DOWNS RD-PO BOX 333 BENUE STATE OF NIGERIA, BENUE STATE NI	Director 0 00	0		
DR REHANA AHMED PO BOX 30677-00100 NAIROBI KE	Director 0 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
DAVID REENE 3815 49th STREET NW WASHINGTON,DC 20016	Vice President 50 00	211,898	33,225	270

Form 990, Part VI, Line 90a - List the states with which a copy of this return is filed:

List the states with which a copy of this return is filed	WV, WI, WA, VA, TN, SC, RI, PA, OR, OK, OH, NY, NM, NJ, NH, ND, NC, MS, MO, MN, MI, MA, LA, KY, KS, IL, GA, FL, DC, CT, CA, AR, AL, AK
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TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** POPULATION SERVICES INTERNATIONAL**EIN:** 56-0942853**Software ID:** 07000211**Software Version:** 2007v2.4**Gross Sales Price:** 33,277,560**Basis:** 32,733,783**Sales Expenses:****Total (net):**

TY 2007 Land etc. Schedule

Name: POPULATION SERVICES INTERNATIONAL

EIN: 56-0942853

Software ID: 07000211

Software Version: 2007v2.4

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Miscellaneous	11,202,455	6,246,220	4,956,235
Land	24,911,548		24,911,548
Improvements	29,027,750	319,740	28,708,010
Buildings	2,985,730	326,985	2,658,745

TY 2007 Mortgages and Notes Payable Schedule

Name: POPULATION SERVICES INTERNATIONAL

EIN: 56-0942853

Software ID: 07000211

Software Version: 2007v2.4

Total Mortgage Amount: 21352172

TY 2007 Other Assets Schedule

Name: POPULATION SERVICES INTERNATIONAL

EIN: 56-0942853

Software ID: 07000211

Software Version: 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
BOND PROCEEDS HELD IN TRUST		1,697,172
ADVANCES,PREPAID EXPENSES AND DEPOSITS	5,624,447	8,977,326

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: POPULATION SERVICES INTERNATIONAL

EIN: 56-0942853

Software ID: 07000211

Software Version: 2007v2.4

Item No.	1
Name of Issue	
Purpose	BUILDING PURCHASE
Amount Outstanding	28200000
Unexpended Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2037-11
Repayment Terms	
Interest Rate	
Security	

TY 2007 Contractor Compensation Explanation

Name: POPULATION SERVICES INTERNATIONAL

EIN: 56-0942853

Software ID: 07000211

Software Version: 2007v2.4

Contractor	Explanation
SONENTHAL & OVERALL	
KPMG	
INDEPENDENT NETWORK CONSULTANTS	
GOOD WORKS CONSULTING	
ALAN DOLINSKY CPA	

TY 2007 Employee Compensation Explanation

Name: POPULATION SERVICES INTERNATIONAL

EIN: 56-0942853

Software ID: 07000211

Software Version: 2007v2.4

Employee	Explanation
KATHRYN ROBERTS	
CYNTHIA ROBINSON	
DESMOND CHAVASSE	
DAVID C WALKER	
SEAN MAYBERRY	

TY 2007 Other Income Schedule

Name: POPULATION SERVICES INTERNATIONAL

EIN: 56-0942853

Software ID: 07000211

Software Version: 2007v2.4

Description	2006	2005	2004	2003	Total
CAPITAL GAINS OR LOSSES ON SECURITIES	705,304	31,734	151,496	121,800	

**POPULATION SERVICES INTERNATIONAL
ATTACHMENT TO FORM 990
TAX YEAR 2007**

FORM 990 PAGE 7 PART VI QUESTIONS 91b AND 91c:

<u>COUNTRY</u>	QUESTION 91b SIGNATURE OR OTHER AUTHORITY <u>OVER A FINANCIAL ACCT</u>	QUESTION 91c MAINTAIN AN OFFICE/CHAPTER OFFICE/CHAPTER <u>OR BRANCH OUTSIDE US</u>
AFGHANISTAN	X	X
ANGOLA	X	X
BELIZE	X	X
BENIN	X	X
BOLIVIA	X	X
BOTSWANA	X	X
BURKINA FASO	X	X
BURUNDI	X	X
CAMBODIA	X	X
CAMEROON	X	X
TRINIDAD	X	X
CENTRAL AFRICAN REPUBLIC	X	X
KAZAKHSTAN	X	X
CHINA	X	X
CONGO	X	X
COSTA RICA	X	X
COTE D'IVOIRE	X	X
CUBA	X	X
DOMINICAN REPUBLIC	X	X
EL SALVADOR	X	X
ERITREA	X	X
ETHIOPIA	X	X
LONDON	X	X
GUATEMALA	X	X
GUINEA	X	X
HAITI	X	X
HONDURAS	X	X
INDIA	X	X
KENYA	X	X
LAOS	X	X
LESOTHO	X	X
MADAGASCAR	X	X
MALAWI	X	X
MALI	X	X
MEXICO	X	X
MOZAMBIQUE	X	X
MYANMAR	X	X

**POPULATION SERVICES INTERNATIONAL
ATTACHMENT TO FORM 990
TAX YEAR 2007**

FORM 990 PAGE 7 PART VI QUESTIONS 91b AND 91c:

<u>COUNTRY</u>	QUESTION 91b SIGNATURE OR OTHER AUTHORITY OVER A FINANCIAL ACCT	QUESTION 91c MAINTAIN AN OFFICE/CHAPTER OFFICE/CHAPTER OR BRANCH OUTSIDE US
NAMIBIA	X	X
NEPAL	X	X
NICARAGUA	X	X
NIGERIA	X	X
PAKISTAN	X	X
PANAMA	X	X
PARAGUAY	X	X
ROMANIA	X	X
RUSSIA	X	X
RWANDA	X	X
SOUTH AFRICA	X	X
SUDAN	X	X
SWAZILAND	X	X
TANZANIA	X	X
THAILAND	X	X
TOGO	X	X
UGANDA	X	X
VENEZUELA	X	X
VIETNAM	X	X
ZAMBIA	X	X
ZIMBABWE	X	X