

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 private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization THE POPULATION COUNCIL, INC.</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>ONE DAG HAMMARSKJOLD PLAZA, 3RD FLR</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JULIA BUNTING THRING ONE DAG HAMMARSKJOLD PLAZA, 3RD FLR, NEW YOR</td> </tr> </table>	C Name of organization THE POPULATION COUNCIL, INC.		Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	ONE DAG HAMMARSKJOLD PLAZA, 3RD FLR		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017		F Name and address of principal officer: JULIA BUNTING THRING ONE DAG HAMMARSKJOLD PLAZA, 3RD FLR, NEW YOR	
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ONE DAG HAMMARSKJOLD PLAZA, 3RD FLR													
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017													
F Name and address of principal officer: JULIA BUNTING THRING ONE DAG HAMMARSKJOLD PLAZA, 3RD FLR, NEW YOR													
D Employer identification number 13-1687001													
E Telephone number (212) 339-0500													
G Gross receipts \$ 173,266,110.													
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No													
If "No," attach a list. See instructions													
H(c) Group exemption number ▶													
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
J Website: ▶ WWW.POPCOUNCIL.ORG													
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶													
L Year of formation: 1952 M State of legal domicile: NY													

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH AND WELL-BEING OF CURRENT AND FUTURE GENERATIONS - (CONTINUED ON SCH O)
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 14
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 233
	6	Total number of volunteers (estimate if necessary) 5
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 -821.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.
Revenue	8	Contributions and grants (Part VIII, line 1h) 54,165,671.
	9	Program service revenue (Part VIII, line 2g) 82,171.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,125,097.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,258,924.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 82,631,863.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,040,939.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 40,408,008.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 492,567.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 22,631,475.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 71,080,422.
	19	Revenue less expenses. Subtract line 18 from line 12 11,551,441.
	20	Total assets (Part X, line 16) 169,859,882.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) 37,917,673.
	22	Net assets or fund balances. Subtract line 21 from line 20 131,942,209.

Part II Signature Block

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

Sign Here	Signature of officer	Date 11/12/2021
	TONY DUTSON, VP, CORPORATE FINANCE & ADMIN. Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name DANIEL ROMANO	Preparer's signature
	Firm's name ▶ GRANT THORNTON LLP Firm's address ▶ 757 3RD AVENUE 9TH FLOOR NEW YORK, NY 10017	Date 11/11/2021 Check if self-employed <input type="checkbox"/> PTIN P00504182 Firm's EIN ▶ 36-6055558 Phone no. (212) 599-0100

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

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

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE POPULATION COUNCIL	Taxpayer identification number (TIN) 13-1687001
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE DAG HAMMARSKJOLD PLAZA, 3RD FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10017	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **RONALD GEARY**

Telephone No. ► **212-339-0500** Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box ► ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11/15**, 20 **21**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 **20** or

► ☐ tax year beginning, 20, and ending, 20

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

☐ Change in accounting period

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

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

TO IMPROVE THE HEALTH AND WELL-BEING OF CURRENT AND FUTURE GENERATIONS
AROUND THE WORLD AND TO HELP ACHIEVE A HUMANE, EQUITABLE AND
SUSTAINABLE BALANCE BETWEEN PEOPLE AND RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 37,079,026. including grants of \$ 4,464,134.) (Revenue \$ 127,349.)

SOCIAL & BEHAVIORAL SCIENCES: THE POPULATION COUNCIL FOCUSES ON THREE
SOCIAL AND BEHAVIORAL SCIENCE RESEARCH AREAS, INCLUDING REPRODUCTIVE
HEALTH; HIV AND AIDS; POVERTY, GENDER, AND YOUTH. FOR MORE INFORMATION
SEE SCHEDULE O.

4b (Code:) (Expenses \$ 11,919,859. including grants of \$ 302,564.) (Revenue \$ 0.)

BIOMEDICAL RESEARCH: THE POPULATION COUNCIL'S CENTER FOR BIOMEDICAL
RESEARCH (CBR) IS A VIBRANT HUB OF SCIENTIFIC INVESTIGATION AND PRODUCT
DEVELOPMENT. FOR MORE THAN 60 YEARS, RESEARCH CONDUCTED AT THE CBR
LABORATORIES HAS ADDRESSED CRITICAL QUESTIONS IN SEXUAL AND
REPRODUCTIVE HEALTH. COUNCIL STAFF SUPPORT THE RESEARCH AND DEVELOPMENT
OF INNOVATIVE PRODUCTS THAT HELP PREVENT UNINTENDED PREGNANCY AND THE
MEANS TO PREVENT, DETECT, AND TREAT SEXUALLY TRANSMITTED INFECTIONS.
FOR MORE INFORMATION SEE SCHEDULE O.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **48,998,885.**Form **990** (2020)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 84	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 233		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a 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)?	X	
b If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Form 990 (2020)

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15			
b Enter the number of voting members included on line 1a, above, who are independent		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 TONY DUTSON - 212-339-0500
 ONE DAG HAMMARSKJOLD PLAZA, 3RD FLR, NEW YORK, NY 10017

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIA BUNTING THRING PRESIDENT	35.00 0.00	X		X				493,496.	0.	38,783.
(2) JAMES E. SAILER VP & EXEC DIR, CTR FOR BIO RSH	35.00 0.00			X				315,555.	0.	57,942.
(3) ANN K. BLANC VP, SOCIAL & BEH SCIENCE RSCH	35.00 0.00			X				320,147.	0.	37,353.
(4) ANNABEL ERULKAR SENIOR ASSOCIATE & COUNTRY DIR	40.00 0.00					X		284,155.	0.	43,086.
(5) PATRICIA C. VAUGHAN VP, GEN COUNSEL AND SECRETARY	35.00 0.00			X				280,746.	0.	42,304.
(6) JACKSON C. IRELAND VP, CORPORATE FINANCE & ADMIN	35.00 0.00			X				275,521.	0.	26,000.
(7) SARAH E. DE TOURNEMIRE VICE PRESIDENT, DEVELOPMENT	35.00 0.00			X				231,910.	0.	62,654.
(8) MICHAEL MBIZVO SENIOR ASSOCIATE & COUNTRY DIR	40.00 0.00					X		287,021.	0.	1,584.
(9) ANDREA ESCHEN DIRECTOR OF DEVELOPMENT	35.00 0.00					X		212,382.	0.	58,237.
(10) THOAI D. NGO PROGRAM DIRECTOR PGY	35.00 0.00					X		235,428.	0.	35,052.
(11) HARRIET BIRUNGI SENIOR ASSOCIATE & COUNTRY DIR	40.00 0.00					X		243,497.	0.	22,138.
(12) MAR A. MARGOLIS DIRECTOR, GLOBAL ADMIN.	35.00 0.00						X	205,207.	0.	51,544.
(13) JOHN TOWNSEND DIRECTOR, COUNTRY STRATEGY	16.00 0.00						X	163,037.	0.	24,683.
(14) JOHN BONGAARTS DISTINGUISHED SCHOLAR	12.00 0.00					X		113,629.	0.	0.
(15) RONALD GEARY - TRUSTEE THRU 12/16/20; INTERIM CFO AS OF 12/17/20	35.00 0.00			X				10,313.	0.	0.
(16) DARCY BRADBURY CHAIR OF THE BOARD	1.00 0.00	X						0.	0.	0.
(17) DAVID SERWADDA TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JONATHAN KAGAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) JEFFREY M. SPIELER TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) THEO SPENCER TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) WANDA OLSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) JONATHAN SHAKES TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) SALIM S. ABDOOL KARIM TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) KAYE WELLINGS TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) TERRY PEIGH TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) ZULFIQAR A. BHUTTA TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,672,044.	0.	501,360.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,672,044.	0.	501,360.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG LLP 345 PARK AVE, NEW YORK, NY 10154	AUDIT & TAX SERVICES	228,096.
PRIME BUCHHOLZ, 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH 03801	INVESTMENT CONSULTING	134,260.
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTL 20 COMMERCE DRIVE, CRANFORD, NJ 07016	PATENT CONSULTING	121,100.
SERENIC SOFTWARE, INC. P.O. BOX 841389, DALLAS, TX 75284	ERP CONSULTING	107,439.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	3,521.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	19,043,798.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	24,726,056.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 753,079.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PUBLICATIONS REVENUE	Business Code 511190		127,349.	127,349.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				127,349.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,761,612.		-821.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				4,145,506.			4,145,506.
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)					7,853,664.		7,853,664.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code 900099		12,715.	12,715.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				12,715.		
	12 Total revenue. See instructions				57,674,221.	140,064.	-821.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,797,456.	2,797,456.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	215,780.	215,780.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,753,462.	1,753,462.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,324,655.	1,090,558.	1,079,339.	154,758.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,892,554.	21,242,509.	5,492,343.	157,702.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,100,448.	1,535,506.	546,016.	18,926.
9 Other employee benefits	5,021,584.	3,946,915.	1,030,504.	44,165.
10 Payroll taxes	1,670,515.	1,243,819.	410,574.	16,122.
11 Fees for services (nonemployees):				
a Management				
b Legal	309,000.	246,524.	62,476.	
c Accounting	324,752.	15,009.	309,743.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	283,382.		283,382.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,459,621.	5,077,521.	377,376.	4,724.
12 Advertising and promotion				
13 Office expenses	805,697.	668,710.	131,786.	5,201.
14 Information technology	901,427.	380,699.	506,934.	13,794.
15 Royalties				
16 Occupancy	5,478,462.	4,612,060.	828,392.	38,010.
17 Travel	830,825.	793,689.	35,989.	1,147.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	691,687.	680,716.	10,060.	911.
20 Interest	605.	422.	175.	8.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,745,794.	1,141,652.	587,883.	16,259.
23 Insurance	292,870.	117,637.	175,233.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LABORATORY SUPPLIES	1,050,341.	1,050,341.		
b PRINTING & PUBLICATIONS	325,302.	302,788.	17,630.	4,884.
c DUES, FEES AND OTHER	196,917.	85,112.	95,849.	15,956.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	61,473,136.	48,998,885.	11,981,684.	492,567.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,953,079.	1	20,282,508.
	2 Savings and temporary cash investments	277,023.	2	309,725.
	3 Pledges and grants receivable, net	9,320,786.	3	9,241,766.
	4 Accounts receivable, net	1,270,171.	4	1,600,902.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,074,995.	9	1,055,420.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,633,629.		
	b Less: accumulated depreciation	10b 20,891,830.		
	11 Investments - publicly traded securities	9,657,118.	10c	8,741,799.
	12 Investments - other securities. See Part IV, line 11	101,705,722.	11	65,382,833.
	13 Investments - program-related. See Part IV, line 11	38,600,988.	12	59,322,757.
	14 Intangible assets	0.	13	0.
	15 Other assets. See Part IV, line 11	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	0.	15	0.	
Liabilities	17 Accounts payable and accrued expenses	169,859,882.	16	165,937,710.
	18 Grants payable	3,430,321.	17	4,625,515.
	19 Deferred revenue	2,110,063.	18	17,464.
	20 Tax-exempt bond liabilities	17,171,015.	19	18,923,413.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	20	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	21	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	22	0.
	24 Unsecured notes and loans payable to unrelated third parties	2,944,571.	23	1,593,280.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,261,703.	24	9,706,612.
	26 Total liabilities. Add lines 17 through 25	37,917,673.	25	34,866,284.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions			
	28 Net assets with donor restrictions	113,689,220.	27	111,248,191.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	18,252,989.	28	19,823,235.
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances		31	
	33 Total liabilities and net assets/fund balances	131,942,209.	32	131,071,426.
	169,859,882.	33	165,937,710.	

Form **990** (2020)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,674,221.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,473,136.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,798,915.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	131,942,209.
5	Net unrealized gains (losses) on investments	5	393,131.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,535,001.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	131,071,426.

Part XII Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<input checked="" type="checkbox"/>	

Form **990** (2020)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE POPULATION COUNCIL, INC.

Employer identification number	
--------------------------------	--

13-1687001

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, 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).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72,427,240.	71,764,136.	70,001,047.	54,165,671.	43,773,373.	312,131,467.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	72,427,240.	71,764,136.	70,001,047.	54,165,671.	43,773,373.	312,131,467.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21,865,292.
6 Public support. Subtract line 5 from line 4.						290,266,175.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	72,427,240.	71,764,136.	70,001,047.	54,165,671.	43,773,373.	312,131,467.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,884,776.	12,761,073.	25,701,906.	26,698,187.	5,907,118.	76,953,060.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	85,445.	1,443.	24,723.	34,110.	12,715.	158,436.
11 Total support. Add lines 7 through 10						389,242,963.
12 Gross receipts from related activities, etc. (see instructions)					12	412,031.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	74.57 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	75.98 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

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

PUBLICATIONS REVENUE

2016 AMOUNT: \$ 71,977.

MISCELLANEOUS REVENUE

2016 AMOUNT: \$ 13,468.

2017 AMOUNT: \$ 1,443.

2018 AMOUNT: \$ 24,723.

2019 AMOUNT: \$ 34,110.

2020 AMOUNT: \$ 12,715.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization

THE POPULATION COUNCIL, INC.

Employer identification number

13-1687001

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

Name of organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,811,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,079,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,904,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,582,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,324,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,171,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
THE POPULATION COUNCIL, INC.	13-1687001

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 990,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 980,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 937,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 886,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
THE POPULATION COUNCIL, INC.	13-1687001

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

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

Name of organization	Employer identification number
THE POPULATION COUNCIL, INC.	13-1687001

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures		61,473,136.	
e Total exempt purpose expenditures (add lines 1c and 1d)		61,473,136.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...			
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 similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,**
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection****Name of the organization**

THE POPULATION COUNCIL, INC.

Employer identification number

13-1687001

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

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

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

Schedule D (Form 990) 2020

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	128,976,048.	102,580,845.	96,286,852.	87,171,268.	86,726,130.
b Contributions	3,000.	20,000,000.	20,012,572.	8,301,649.	1,603,423.
c Net investment earnings, gains, and losses	9,723,063.	19,305,001.	-4,185,367.	14,010,106.	8,192,658.
d Grants or scholarships					
e Other expenditures for facilities and programs	10,266,962.	12,806,263.	9,437,496.	13,048,167.	9,229,823.
f Administrative expenses	68,882.	103,535.	95,716.	148,004.	121,120.
g End of year balance	128,366,267.	128,976,048.	102,580,845.	96,286,852.	87,171,268.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 86.8400 %

b Permanent endowment ☐ 4.2700 %

c Term endowment ☐ 8.8900 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		21,877,259.	15,847,943.	6,029,316.
d Equipment		6,409,813.	4,164,755.	2,245,058.
e Other		1,346,557.	879,132.	467,425.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,741,799.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	59,322,757.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	59,322,757.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) DEFERRED RENT CREDIT	4,708,918.
(3) POSTRETIREMENT MED BEN PAYABLE	4,997,694.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,706,612.

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

Schedule D (Form 990) 2020

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

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

1	Total revenue, gains, and other support per audited financial statements	1	60,662,720.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	393,131.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,878,750.
e	Add lines 2a through 2d	2e	3,271,881.
3	Subtract line 2e from line 1	3	57,390,839.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	283,382.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	283,382.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	57,674,221.

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

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

1	Total expenses and losses per audited financial statements	1	61,533,503.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	343,749.
e	Add lines 2a through 2d	2e	343,749.
3	Subtract line 2e from line 1	3	61,189,754.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	283,382.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	283,382.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	61,473,136.

Part XIII Supplemental Information.

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

PART V, LINE 4:

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE JOHN D ROCKEFELLER 3RD MEMORIAL FUND MAY BE USED BY THE BOARD OF

TRUSTEES AT THEIR DISCRETION TO SUPPORT THE OPERATIONS OF THE POPULATION

COUNCIL.

THE SURDNA FUND SUPPORTS BIOMEDICAL RESEARCH ACTIVITIES.

THE SANDRA FERRY FUND SUPPORTS ACTIVITIES ADDRESSING THE ROLE OF WOMEN IN

THE WORLD.

DEWITT WALLACE FELLOWSHIP FUND PROVIDES A FINANCIAL BASE TO SUPPORT

Part XIII Supplemental Information *(continued)*

ADVANCED RESEARCH AND TRAINING OF SOCIAL AND BIOMEDICAL SCIENTISTS IN THE
POPULATION FIELD.

THE NEW CAPITAL CAMPAIGN GENERAL FUND MAY BE USED BY THE BOARD OF
TRUSTEES, AT ITS DISCRETION, TO SUPPORT THE OPERATIONS OF THE POPULATION
COUNCIL.

THE CBR ENDOWMENT IS INTENDED TO SUPPORT RENOVATIONS, EXPANSION AND
OPERATIONS OF THE CENTER FOR BIOMEDICAL RESEARCH (CBR) LAB FACILITIES.

THE DR. CHRISTOPHER TIETZE FELLOWSHIP FUND SUPPORTS FELLOWSHIPS IN
REPRODUCTIVE EPIDEMIOLOGY.

THE EXCESS ROYALTY FUND WAS ESTABLISHED BY THE POPULATION COUNCIL'S BOARD
OF TRUSTEES AND MAY BE USED BY THE BOARD OF TRUSTEES, AT ITS DISCRETION,
TO SUPPORT THE OPERATIONS OF THE POPULATION COUNCIL.

THE GEORGE J. HECHT FUND MAY BE USED TO SUPPORT: DEVELOPING CONTRACEPTIVE
DEVICES; DEVELOPING OTHER CONTRACEPTIVE OR BIRTH CONTROL MEASURES;
PROVIDING SUCH DEVICES OR MEASURES; INSTRUCTION IN THE USE OF SUCH DEVICES
OR MEASURES; AND/OR FAMILY PLANNING TO REDUCE THE FERTILITY OF SUCH
OVERPOPULATED COUNTRIES AS THE COUNCIL SHALL DETERMINE.

THE POLICY RESEARCH ENDOWMENT FUND SUPPORTS THE PROGRAM ACTIVITIES OF THE
POVERTY, GENDER AND YOUTH PROGRAM.

PART X, LINE 2:

UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information *(continued)*

THE COUNCIL RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE

POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. NO PROVISION FOR

INCOME TAXES WAS REQUIRED FOR 2020 OR 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

POSTRETIREMENT BENEFIT CHANGES OTHER THAN NET PERIODIC

BENEFIT COST	2,631,057.
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EXCHANGE RATE GAIN	247,693.
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TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,878,750.
---------------------------------------	------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

POST RETIREMENT CHANGES OTHER THAN SERVICE COST	343,749.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE POPULATION COUNCIL, INC.

Employer identification number

13-1687001

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	1	13	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	630,634.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	-8,588.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	450,291.
MIDDLE EAST AND NORTH AFRICA	1	16	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	1,129,090.
NORTH AMERICA	1	10	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	1,038,978.
SOUTH ASIA	5	116	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	7,942,553.
SUB-SAHARAN AFRICA	9	132	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	12,511,406.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		62,439.
3 a Subtotal	17	289			23,756,803.
b Total from continuation sheets to Part I	0	0			27,786,981.
c Totals (add lines 3a and 3b)	17	289			51,543,784.

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

Schedule F (Form 990) 2020

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		550,144.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		19,078.
SOUTH ASIA	0	0	GRANTMAKING		139,463.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		982,338.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		26,095,958.
Totals					27,786,981.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SOCIAL & BEH. SCIENCE	22,349.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SOCIAL & BEH. SCIENCE	24,355.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SOCIAL & BEH. SCIENCE	15,735.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	25,700.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	11,784.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	385,054.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	102,243.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	23,301.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 31

3 Enter total number of other organizations or entities 11

Schedule F (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SOCIAL & BEH. SCIENCE	10,324.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	21,066.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	17,289.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	22,380.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	13,093.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	33,471.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	30,300.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	63,429.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	38,343.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	22,254.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	18,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	10,001.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	214,905.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	105,568.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	35,411.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	42,852.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	61,597.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	82,634.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	63,826.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	50,926.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	30,722.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	33,929.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	47,626.	WIRE TRANSFER	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SOCIAL & BEHAVIORAL SCIENCE	SUB-SAHARAN AFRICA	1	11,445.	WIRE TRANSFER	0.		
SOCIAL & BEHAVIORAL SCIENCE	SUB-SAHARAN AFRICA	1	7,058.	WIRE TRANSFER	0.		
SOCIAL & BEHAVIORAL SCIENCE	SUB-SAHARAN AFRICA	1	9,666.	WIRE TRANSFER	0.		
SOCIAL & BEHAVIORAL SCIENCE	SUB-SAHARAN AFRICA	1	9,813.	WIRE TRANSFER	0.		

Part IV Foreign Forms

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

Schedule F (Form 990) 2020

Part V Supplemental Information

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

PART I, LINE 2:

GRANT MONITORING

MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES: SUBAWARDS

ARE AN IMPORTANT MEANS THROUGH WHICH THE COUNCIL CONDUCTS RESEARCH,

TRANSFERS TECHNOLOGY, AND STRENGTHENS INSTITUTIONAL POLICY WITHIN THE

POPULATION FIELD. POTENTIAL SUB RECIPIENTS SUBMIT PROPOSALS TO THE

COUNCIL THAT ARE REVIEWED BY PROGRAMMATIC STAFF TO DETERMINE WHETHER

THE TYPE OF STUDY THE INSTITUTION OR INDIVIDUAL IS CONDUCTING FURTHERS

THE ACTIVITIES OF THE COUNCIL. IN ACCORDANCE WITH COUNCIL PROCEDURES,

GRANTING OF AN AWARD REQUIRES APPROVAL BY COUNCIL PROGRAMMATIC,

FINANCIAL, AND ADMINISTRATIVE STAFF TO ENSURE THE RECIPIENT IS QUALIFIED.

IF THE AWARD IS FUNDED UNDER A GRANT TO THE COUNCIL, DONOR APPROVAL MAY

ALSO BE REQUIRED. ONCE APPROVAL IS GRANTED, THE RECIPIENT AND THE CHIEF

FINANCIAL OFFICER OF THE COUNCIL SIGN AN AGREEMENT, WHICH SPECIFIES

REQUIRED DONOR PROVISIONS, PROGRAMMATIC REPORTING REQUIREMENTS, AND A

DISBURSEMENT SCHEDULE. PROGRAMMATIC STAFF PERIODICALLY MAKE SITE VISITS

AND REVIEW PROJECT SUBSTANTIVE REPORTS. FINANCIAL STAFF REVIEW PERIODIC

FINANCIAL REPORTS AND COORDINATE WITH PROJECT STAFF BEFORE FURTHER

PAYMENTS ARE DISBURSED.

SCHEDULE F, PARTS II & III

SCHEDULE F, PART II EXCLUDES GRANTS AND OTHER ASSISTANCE TO

ORGANIZATIONS OR ENTITIES OUTSIDE THE UNITED STATES UNDER \$5,000 THAT

IN AGGREGATE TOTAL \$17,362 AND ALSO EXCLUDES RETURNED GRANTS AND OTHER

ASSISTANCE TO ORGANIZATIONS OR ENTITIES OUTSIDE THE UNITED STATES THAT

IN AGGREGATE TOTAL \$18,528.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE POPULATION COUNCIL, INC.

Employer identification number

13-1687001

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FUTURES INSTITUTE 41A NEW LONDON TURNPIKE GLASTONBURY, CT 06033	20-4816286	501(C)(3)	238,431.	0.			SOCIAL & BEHAVIORAL SCIENCE
ELISABETH GLASER PEDIATRIC AIDS FOUNDATION - 1140 CONNECTICUT AVE NW SUITE 200 - WASHINGTON, DC 20036	95-4191698	501(C)(3)	175,353.	0.			SOCIAL & BEHAVIORAL SCIENCE
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD, NO 4327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	195,689.	0.			SOCIAL & BEHAVIORAL SCIENCE
FUTURES GROUP INTERNATIONAL, LLC 1000 MAIN STREET, DURHAM DURHAM, NC 27701	26-1509671	US FOR-PROFIT	225,959.	0.			SOCIAL & BEHAVIORAL SCIENCE
EMORY U. 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	14,818.	0.			BIOMEDICAL RESEARCH
GOBEE GROUP 2323 BROADWAY OAKLAND, CA 94612	27-2767701	US FOR-PROFIT	31,999.	0.			SOCIAL & BEHAVIORAL SCIENCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **24.**

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

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	83-0621846	501(C)(3)	22,833.	0.			BIOMEDICAL RESEARCH
THUNDER VALLEY COMMUNITY DEVELOPMENT CORPORATION - PO BOX 290 - PORCUPINE, SD 57772	20-8090454	501(C)(3)	14,293.	0.			SOCIAL & BEHAVIORAL SCIENCE
PLAN INTERNATIONAL 155 PLAN WAY WARWICK, RI 02886	13-5661832	501(C)(3)	100,000.	0.			SOCIAL & BEHAVIORAL SCIENCE
COAIHC 4913 W. RENO OKLAHOMA CITY, OK 73127	73-0955756	501(C)(3)	11,083.	0.			SOCIAL & BEHAVIORAL SCIENCE
MERIDIAN GROUP INTERNATIONAL, INC 1250 24 STREET NW WASHINGTON, DC 20037	54-1832764	S-CORP	50,433.	0.			SOCIAL & BEHAVIORAL SCIENCE
WCG CARES 12400 HIGH BLUFF DR STE 600 SAN DIEGO, CA 92130	46-3226871	501(C)(3)	10,000.	0.			SOCIAL & BEHAVIORAL SCIENCE
TULANE UNIVERSITY 1430 TULANE AVENUE, EP-15 NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	869,684.	0.			SOCIAL & BEHAVIORAL SCIENCE
AVENIR HEALTH 41-A NEW LONDON TURNPIKE GLASTONBURY, CT 06033	20-4816286	501(C)(3)	274,138.	0.			SOCIAL & BEHAVIORAL SCIENCE
POPULATION REFERENCE BUREAU 1875 CONNECTICUT AVE NW, DC WASHINGTON, DC 20009	53-0214030	501(C)(3)	244,962.	0.			SOCIAL & BEHAVIORAL SCIENCE

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BIOMEDICAL RESEARCH	5	185,780.	0.		
SOCIAL & BEHAVIORAL SCIENCE	1	30,000.	0.		

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

PART I, LINE 2:

GRANT MONITORING

MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES: SUBAWARDS CONTRACTS

ARE AN IMPORTANT MEANS THROUGH WHICH THE COUNCIL CONDUCTS RESEARCH,

TRANSFERS TECHNOLOGY, AND STRENGTHENS INSTITUTIONAL POLICY WITHIN THE

POPULATION FIELD. POTENTIAL SUB RECIPIENTS SUBMIT PROPOSALS TO THE COUNCIL

THAT ARE REVIEWED BY PROGRAMMATIC STAFF TO DETERMINE WHETHER

THE TYPE OF STUDY THE INSTITUTION OR INDIVIDUAL IS CONDUCTING FURTHERS THE

ACTIVITIES OF THE COUNCIL. IN ACCORDANCE WITH COUNCIL PROCEDURES, GRANTING

Part IV Supplemental Information

OF AN AWARD REQUIRES APPROVAL BY COUNCIL PROGRAMMATIC, FINANCIAL, AND

ADMINISTRATIVE STAFF TO ENSURE THE RECIPIENT IS QUALIFIED.

IF THE AWARD IS FUNDED UNDER A GRANT TO THE COUNCIL, DONOR APPROVAL MAY

ALSO BE REQUIRED. ONCE APPROVAL IS GRANTED, THE RECIPIENT AND THE CHIEF

FINANCIAL OFFICER OF THE COUNCIL SIGN AN AGREEMENT, WHICH SPECIFIES

REQUIRED DONOR PROVISIONS, PROGRAMMATIC REPORTING REQUIREMENTS, AND A

DISBURSEMENT SCHEDULE. PROGRAMMATIC STAFF PERIODICALLY MAKE SITE VISITS AND

REVIEW PROJECT SUBSTANTIVE REPORTS. FINANCIAL STAFF REVIEW PERIODIC

FINANCIAL REPORTS AND COORDINATE WITH PROJECT STAFF BEFORE FURTHER PAYMENTS

ARE DISBURSED.

SCHEDULE I, PART II

SCHEDULE I, PART II EXCLUDES GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS

AND ORGANIZATIONS INSIDE THE UNITED STATES UNDER \$5,000 THAT IN

AGGREGATE TOTAL \$2,617 AND ALSO EXCLUDES RETURNED GRANTS AND OTHER

ASSISTANCE TO ORGANIZATIONS OR ENTITIES INSIDE THE UNITED STATES THAT

IN AGGREGATE TOTAL \$2,826.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE POPULATION COUNCIL, INC.

Employer identification number

13-1687001

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b	X	
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIA BUNTING THRING PRESIDENT	(i)	432,866.	0.	60,630.	24,000.	14,783.	532,279.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES E. SAILER VP & EXEC DIR, CTR FOR BIO RSH	(i)	289,089.	0.	26,466.	24,000.	33,942.	373,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANN K. BLANC VP, SOCIAL & BEH SCIENCE RSCH	(i)	301,639.	0.	18,508.	24,000.	13,353.	357,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANNABEL ERULKAR SENIOR ASSOCIATE & COUNTRY DIR	(i)	193,484.	0.	90,671.	20,946.	22,140.	327,241.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PATRICIA C. VAUGHAN VP, GEN COUNSEL AND SECRETARY	(i)	267,974.	0.	12,772.	24,000.	18,304.	323,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JACKSON C. IRELAND VP, CORPORATE FINANCE & ADMIN	(i)	253,641.	0.	21,880.	24,000.	2,000.	301,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARAH E. DE TOURNEMIRE VICE PRESIDENT, DEVELOPMENT	(i)	211,444.	0.	20,466.	24,000.	38,654.	294,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL MBIZVO SENIOR ASSOCIATE & COUNTRY DIR	(i)	219,785.	0.	67,236.	0.	1,584.	288,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREA ESCHEN DIRECTOR OF DEVELOPMENT	(i)	209,610.	0.	2,772.	24,000.	34,237.	270,619.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) THOAI D. NGO PROGRAM DIRECTOR PGY	(i)	215,550.	0.	19,878.	24,000.	11,052.	270,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HARRIET BIRUNGI SENIOR ASSOCIATE & COUNTRY DIR	(i)	196,301.	0.	47,196.	0.	22,138.	265,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MAR A. MARGOLIS DIRECTOR, GLOBAL ADMIN.	(i)	203,401.	0.	1,806.	24,000.	27,544.	256,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOHN TOWNSEND DIRECTOR, COUNTRY STRATEGY	(i)	133,670.	0.	29,367.	11,927.	12,756.	187,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN BONGAARTS DISTINGUISHED SCHOLAR	(i)	103,744.	0.	9,885.	0.	0.	113,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

HOME LEAVE TRAVEL AT COUNCIL EXPENSE

EMPLOYEES THAT ARE ASSIGNED TO WORK AT ONE OF THE COUNCIL'S INTERNATIONAL

OFFICES MAY RECEIVE A HOME LEAVE BENEFIT WHICH INCLUDES ECONOMY CLASS ROUND

TRIP TRAVEL AT COUNCIL EXPENSE FOR THE EMPLOYEE AND THEIR ELIGIBLE

DEPENDENTS. THIS BENEFIT IS INCLUDED IN TAXABLE INCOME.

HOUSING ALLOWANCE

A TAXABLE HOUSING ALLOWANCE IS AUTHORIZED AS PART OF THE PRESIDENT'S

COMPENSATION PACKAGE, WHICH IS APPROVED BY THE BOARD OF TRUSTEES. THE

PRESIDENT RECEIVED A \$60,000 ANNUAL HOUSING ALLOWANCE, PAID MONTHLY. AS

THIS IS A SET AMOUNT PAYABLE FOR SELF-ARRANGED HOUSING, IT DOES NOT REQUIRE

SUBSTANTIATION PRIOR TO PAYMENT.

FORM 990, SCHEDULE J, PART II**COMPENSATION DETAIL**

THE COUNCIL'S POLICIES INCLUDE PROVIDING RELOCATION, HOUSING AND

DEPENDENT EDUCATION ALLOWANCES TO U. S. EXPATRIATES AND THIRD COUNTRY

NATIONAL EMPLOYEES HIRED AS INTERNATIONAL EMPLOYEES FROM THE COUNCIL'S

Part III Supplemental Information

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

U.S. HEADQUARTERS TO WORK AT ONE OF THE COUNCIL'S INTERNATIONAL

OFFICES. THESE BENEFITS ARE REPORTED AS OTHER REPORTABLE COMPENSATION

FOR U.S. EMPLOYEES AND ANY FOREIGN EMPLOYEES THAT DO NOT RECEIVE A W-2.

THE HOUSING AND OTHER BENEFITS ARE SHOWN AS A TAXABLE BENEFITS FOR ANY

FOREIGN EMPLOYEES THAT DO NOT RECEIVE A W-2 SINCE THE BENEFITS ARE

TAXABLE IN THE FOREIGN JURISDICTION.

ANNABEL ERULKAR, HIGHEST COMPENSATED EMPLOYEE, RECEIVED TAXABLE HOUSING

ALLOWANCE, SECURITY SERVICES, AND HOME LEAVE BENEFITS UNDER THIS POLICY

TOTALING \$57,448, AND ALSO RECEIVED TAXABLE DEPENDENT EDUCATION

ALLOWANCE TOTALING \$25,417.

MICHAEL MBIZVO, HIGHEST COMPENSATED EMPLOYEE, RECEIVED U.S. NONTAXABLE

HOUSING AND SECURITY SERVICES BENEFITS UNDER THIS POLICY TOTALING

\$44,973.

HARRIET BIRUNGI, HIGHEST COMPENSATED EMPLOYEE, RECEIVED U.S. NONTAXABLE

HOUSING ALLOWANCE, SECURITY SERVICES, AND HOME LEAVE BENEFITS UNDER

THIS POLICY TOTALING \$25,142 AND ALSO RECEIVED DEPENDENT EDUCATION

Part III Supplemental Information

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

ALLOWANCE TOTALING \$1,357.

THE COUNCIL'S POLICIES INCLUDE PROVIDING EMPLOYEES WITH EMPLOYER

CONTRIBUTIONS TO A DEFINED CONTRIBUTION 403(B) RETIREMENT PLAN. ANY

EMPLOYEE OF THE COUNCIL OTHER THAN A NON-RESIDENT ALIEN WITH NO

U.S.-SOURCE INCOME IS ELIGIBLE TO PARTICIPATE IN THE PLAN. EFFECTIVE

JANUARY 2009, CHANGES TO THE LAWS THAT GOVERN CONTRIBUTIONS TO DEFINED

CONTRIBUTION 403(B) ACCOUNTS PREVENT THESE EMPLOYER CONTRIBUTIONS FROM

BEING DEPOSITED INTO 403(B) ACCOUNTS FOR FOREIGN EMPLOYEES.

THEREFORE, THE COUNCIL PROVIDES AN AMOUNT EQUIVALENT TO THE EMPLOYER

CONTRIBUTIONS DIRECTLY TO THE COUNCIL'S FOREIGN EMPLOYEES AND IS

REPORTING THIS AMOUNT AS OTHER REPORTABLE COMPENSATION. MICHAEL MBIZVO,

HIGHEST COMPENSATED EMPLOYEE, RECEIVED \$20,763 AND HARRIET BIRUNGI,

HIGHEST COMPENSATED EMPLOYEE, RECEIVED \$20,696 AS RETIREMENT ALLOWANCE.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

THE POPULATION COUNCIL, INC.

Employer identification number

13-1687001

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	4	16,900.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	736,179.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED

LINE 6, CARS AND OTHER VEHICLES: THE COUNCIL IS REPORTING THE NUMBER OF
ITEMS CONTRIBUTED.

LINE 9, SECURITIES - PUBLICLY TRADED: THE COUNCIL IS REPORTING THE
NUMBER OF CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

THE POPULATION COUNCIL, INC.

Employer identification number

13-1687001

FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION CONTINUATION

(CONTINUED FROM PART I) AROUND THE WORLD. THE POPULATION COUNCIL

CONFRONTS CRITICAL HEALTH AND DEVELOPMENT ISSUES, FROM STOPPING THE

SPREAD OF HIV TO IMPROVING REPRODUCTIVE HEALTH AND ENSURING THAT YOUNG

PEOPLE LEAD FULL AND PRODUCTIVE LIVES. THROUGH BIOMEDICAL, SOCIAL

SCIENCE, AND PUBLIC HEALTH RESEARCH IN 50 COUNTRIES, THE COUNCIL WORKS

WITH PARTNERS TO DELIVER SOLUTIONS THAT LEAD TO MORE EFFECTIVE

POLICIES, PROGRAMS, PRACTICES, AND TECHNOLOGIES THAT IMPROVE LIVES

AROUND THE WORLD. ESTABLISHED IN 1952 AND HEADQUARTERED IN NEW YORK,

THE COUNCIL IS A NONGOVERNMENTAL, NONPROFIT ORGANIZATION GOVERNED BY AN

INTERNATIONAL BOARD OF TRUSTEES.

POPULATION COUNCIL SOCIAL & BEHAVIORAL SCIENCES RESEARCHERS WORK WITHIN

THREE PROGRAM AREAS: REPRODUCTIVE HEALTH (RH), HIV AND AIDS (HIV); AND

POVERTY, GENDER, AND YOUTH (PGY).

REPRODUCTIVE HEALTH: THIS RESEARCH PROGRAM AIMS TO IMPROVE SEXUAL AND

REPRODUCTIVE HEALTH, ESPECIALLY FOR MARGINALIZED POPULATIONS IN LOW-

AND MIDDLE-INCOME COUNTRIES. RESEARCHERS GENERATE EVIDENCE TO HELP

INFORM EVIDENCE-BASED POLICIES AND PROGRAMS. THE COUNCIL COLLABORATES

EXTENSIVELY WITH LOCAL AND REGIONAL GOVERNMENTS AND NONGOVERNMENTAL

ORGANIZATIONS WORLDWIDE TO EXPAND ACCESS TO HIGH-QUALITY HEALTH

SERVICES; INCREASE OPTIONS FOR SAFE, AFFORDABLE, AND REVERSIBLE

CONTRACEPTION FOR MEN AND WOMEN; AND SHAPE POLICIES AND PROGRAMS TO

IMPROVE HEALTH OUTCOMES. THE COUNCIL'S FELLOWSHIP PROGRAMS HAVE HELPED

ADVANCE THE CAREERS OF SOCIAL AND BIOMEDICAL SCIENTISTS, PUBLIC HEALTH

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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RESEARCHERS, AND PROGRAM MANAGERS THROUGHOUT THE WORLD. THE WORK OF

COUNCIL FELLOWS HAS FOSTERED RESEARCH AND INFORMED THE CREATION OF

POPULATION, HEALTH, AND DEVELOPMENT POLICIES AND PROGRAMS.

HIV AND AIDS: THIS RESEARCH PROGRAM AIMS TO SLOW THE SPREAD OF HIV

GLOBALLY, ESPECIALLY AMONG THE MOST MARGINALIZED POPULATIONS INCLUDING

WOMEN AND GIRLS. IT ALSO HELPS TO ENABLE PEOPLE TO MITIGATE THE IMPACT

OF THE DISEASE ON THEIR OWN HEALTH AND ON THEIR FAMILIES AND

COMMUNITIES. THE COUNCIL COLLABORATES WITH PROGRAMS AROUND THE WORLD,

ESPECIALLY IN AFRICA, TO IMPROVE HIV PREVENTION, CARE, AND TREATMENT

FOR PEOPLE LIVING WITH HIV.

POVERTY, GENDER, AND YOUTH: THIS RESEARCH PROGRAM AIMS TO BUILD A

COHERENT BODY OF POLICY-ORIENTED RESEARCH AND PROGRAMS THAT CONTRIBUTES

MEANINGFULLY TO GLOBAL EFFORTS TO IMPROVE THE LIVES OF VULNERABLE

POPULATIONS, ESPECIALLY DISADVANTAGED GIRLS. COUNCIL STAFF WORK TO

ADVANCE THE STATE OF KNOWLEDGE ON ISSUES FACING THE MOST VULNERABLE

POPULATIONS IN LOW-AND MIDDLE-INCOME COUNTRIES THROUGH RIGOROUS POLICY

AND PROGRAM-ORIENTED POPULATION RESEARCH; PREVENT AND MITIGATE THE MOST

URGENT AND DIFFICULT PROBLEMS FACING THESE POPULATIONS THROUGH THE

DESIGN AND EVALUATION OF INTERVENTIONS; INFORM AND INFLUENCE

INSTITUTIONAL AND PUBLIC POLICIES BY PROMOTING KNOWLEDGE GAINED THROUGH

THE PROGRAM'S RESEARCH AND PROGRAMS; AND IMPROVE THE COMPETENCE AND

CAPACITY OF THE NEXT GENERATION OF RESEARCHERS TO CONDUCT POLICY AND

PROGRAM ORIENTED POPULATION RESEARCH. THE COUNCIL'S WORK HAS HAD

DEMONSTRABLE IMPACT IN BANGLADESH, EGYPT, ETHIOPIA, GUATEMALA, INDIA,

KENYA, SOUTH AFRICA, AND ELSEWHERE.

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THE COUNCIL'S WORLD-CLASS CENTER FOR BIOMEDICAL RESEARCH, LOCATED AT
 ROCKEFELLER UNIVERSITY, CONDUCTS BASIC AND CLINICAL RESEARCH IN
 REPRODUCTIVE HEALTH AND SEXUALLY TRANSMITTED INFECTIONS AND DEVELOPS
 SEXUAL AND REPRODUCTIVE HEALTH PRODUCTS. RESEARCHERS ARE STUDYING THE
 BIOLOGY OF MALE REPRODUCTION, ARE DEVELOPING NEW CONTRACEPTIVE
 TECHNOLOGIES, AND ARE DEVELOPING MULTI-PURPOSE PREVENTION TECHNOLOGIES
 TO REDUCE WOMEN'S RISK OF HIV INFECTION. TO DATE, THE COUNCIL ESTIMATES
 MORE THAN 170 MILLION WOMEN WORLDWIDE ARE CURRENTLY USING CONTRACEPTIVE
 METHODS DEVELOPED BY THE COUNCIL OR BASED ON OUR TECHNOLOGIES,
 INCLUDING COPPER-BEARING INTRAUTERINE DEVICES (IUDS), JADELLE, AND
 MIRENA.

POPULATION COUNCIL RESEARCHERS ADVOCATE FOR SOLUTIONS TO REAL-WORLD
 PROBLEMS-SOLUTIONS THAT ARE EVIDENCE-BASED, RIGOROUSLY TESTED,
 EVALUATED, AND PROVEN EFFECTIVE. AFTER WE DEMONSTRATE THE EFFECTIVENESS
 OF A PROGRAM, WE PROMOTE ITS REPLICATION AND PROVIDE TECHNICAL
 ASSISTANCE TO SCALE IT UP, WHILE INFORMING POLICYMAKERS OF THE LESSONS
 LEARNED THROUGH CAREFUL MONITORING AND EVALUATION. USING OUR RESEARCH
 FINDINGS, OTHER ORGANIZATIONS DELIVER IMPROVED AND MORE COST-EFFECTIVE
 SERVICES THAT REACH PEOPLE MOST IN NEED.

THE COUNCIL STAFF CONSISTS OF 450+ WOMEN AND MEN. APPROXIMATELY 60
 PERCENT ARE BASED OUTSIDE OF THE UNITED STATES. COUNCIL STAFF MEMBERS
 CONDUCT RESEARCH AND PROGRAMS IN ROUGHLY 50 COUNTRIES. RESEARCH,
 TECHNICAL ASSISTANCE, AND CAPACITY BUILDING ARE CARRIED OUT BY THE
 POPULATION COUNCIL'S U.S. AND INTERNATIONAL OFFICES. HEADQUARTERS AND
 THE COUNCIL'S CENTER FOR BIOMEDICAL RESEARCH ARE LOCATED IN NEW YORK
 CITY. WE MAINTAIN AN OFFICE IN WASHINGTON, DC, AND AN INTERNATIONAL

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PRESENCE IN 17 OFFICES IN 13 COUNTRIES WITHIN AFRICA, ASIA, AND LATIN
AMERICA.

THE POPULATION COUNCIL IS GOVERNED BY A BOARD OF TRUSTEES COMPOSED OF
16 MEN AND WOMEN FROM SEVEN COUNTRIES. THIS GROUP INCLUDES LEADERS IN
BIOMEDICINE, BUSINESS, ECONOMIC DEVELOPMENT, GOVERNMENT, HEALTH,
INTERNATIONAL FINANCE, LAW, THE MEDIA, PHILANTHROPY, AND SOCIAL
SCIENCE.

FORM 990, PART III, LINE 4A

SOCIAL & BEHAVIORAL SCIENCES

THE POPULATION COUNCIL FOCUSES ON THREE SOCIAL AND BEHAVIORAL SCIENCE
RESEARCH AREAS, INCLUDING REPRODUCTIVE HEALTH; HIV AND AIDS; POVERTY,
GENDER, AND YOUTH.

REPRODUCTIVE HEALTH PROGRAM

THE POPULATION COUNCIL'S REPRODUCTIVE HEALTH PROGRAM WORKS TO IMPROVE
THE SEXUAL AND REPRODUCTIVE HEALTH OF VULNERABLE POPULATIONS AROUND THE
WORLD. STAFF MEMBERS INTRODUCE NEW CONTRACEPTIVES AND MEANS TO PREVENT,
DETECT, AND TREAT SEXUALLY TRANSMITTED INFECTIONS, HELP FORMULATE
EVIDENCE-BASED POLICIES, AND EVALUATE INNOVATIONS IN SERVICE DELIVERY.
THE COUNCIL COLLABORATES EXTENSIVELY WITH LOCAL AND REGIONAL
GOVERNMENTS AND NONGOVERNMENTAL ORGANIZATIONS WORLDWIDE TO EXPAND
ACCESS TO HIGH-QUALITY HEALTH SERVICES; INCREASE THE OPTIONS FOR SAFE,
AFFORDABLE, AND REVERSIBLE CONTRACEPTION FOR MEN AND WOMEN; AND SHAPE
POLICIES AND PROGRAMS TO IMPROVE HEALTH OUTCOMES.

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CURRENT PROGRAM PRIORITIES INCLUDE:

- INCREASING ACCESS TO FAMILY PLANNING AND OTHER REPRODUCTIVE HEALTH SERVICES IN COUNTRIES WITH UNMET NEED AND WHERE CLIENTS ARE UNABLE TO ACHIEVE REPRODUCTIVE HEALTH GOALS.

- REDUCING MATERNAL MORTALITY AND MORBIDITY, FOCUSING ON SUB-SAHARAN AFRICA AND SOUTH ASIA, AS WELL AS VULNERABLE GROUPS IN OTHER REGIONS.

- REDUCING CRITICAL REPRODUCTIVE HEALTH SERVICE USAGE INEQUALITIES RELATED TO WEALTH, AGE AND GENDER.

- UNDERSTANDING, ADDRESSING AND REDUCING SEXUAL AND GENDER-BASED VIOLENCE.

- DEVELOPING COLLABORATIVE RELATIONSHIPS WITH INDUSTRY PARTNERS TO LICENSE, REGISTER AND/OR MANUFACTURE TECHNOLOGIES DEVELOPED BY THE COUNCIL TO SUPPORT INCREASED ACCESS AND CHOICE IN FAMILY PLANNING TOOLS IN LOW- AND MIDDLE-INCOME COUNTRIES.

2020 KEY ACCOMPLISHMENTS:

FEMALE GENITAL MUTILATION/CUTTING (FGM/C)¹ IS A HARMFUL PRACTICE THAT INVOLVES CUTTING, REMOVING, AND SOMETIMES SEWING UP EXTERNAL FEMALE GENITALIA FOR NONMEDICAL REASONS. WHILE CONSIDERED A SOCIAL NORM IN MANY CULTURES, FGM/C IS A VIOLATION OF THE RIGHTS OF GIRLS AND WOMEN AND HAS NO HEALTH BENEFITS.

DESPITE INTENSIFIED GLOBAL EFFORTS TO ELIMINATE FGM/C SINCE A 2012 UN GENERAL ASSEMBLY RESOLUTION, CRITICAL EVIDENCE GAPS HAVE HINDERED A COMPREHENSIVE, EVIDENCE-BASED RESPONSE. TO HELP ADDRESS THESE GAPS, EVIDENCE TO END FGM/C: RESEARCH TO HELP GIRLS AND WOMEN THRIVE, AN AFRICAN-LED RESEARCH CONSORTIUM, WAS ASSEMBLED TO GENERATE THE HIGH-QUALITY DATA NEEDED TO INFLUENCE STRATEGIC INVESTMENTS, POLICIES,

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AND PROGRAMS. THIS FIVE-YEAR PROJECT WORKED IN EIGHT AFRICAN COUNTRIES-BURKINA FASO, EGYPT, ETHIOPIA, KENYA, NIGERIA, SENEGAL, SOMALIA, AND SUDAN- TO DRAMATICALLY EXPAND THE BODY OF RESEARCH ON THE MOST EFFECTIVE APPROACHES TO ENDING FGM/C IN DIFFERENT CONTEXTS. THE EVIDENCE TO END FGM/C PROGRAM HAS FILLED CRITICAL DATA GAPS, BOLSTERED LOCAL CAPACITY, AND STRENGTHENED STAKEHOLDER RELATIONSHIPS OVER THE PAST FIVE YEARS. THROUGH A COLLABORATIVE, AFRICAN-LED APPROACH, THE PROGRAM INFORMED HIGH-LEVEL NATIONAL POLICY DIALOGUE IN SEVERAL COUNTRIES, INCLUDING KENYA AND NIGERIA, AND CONTRIBUTED TO UNFPA'S NEW GLOBAL ESTIMATES OF GIRLS AT RISK FOR FGM/C.

THROUGH STRATEGIC ENGAGEMENT OF DECISION-MAKERS AT ALL STAGES OF THE RESEARCH PROCESS, THE EVIDENCE TO END FGM/C CONSORTIUM HAS GAINED RECOGNITION AS AN IMPORTANT, CREDIBLE RESOURCE TO INFORM EVIDENCE-BASED FGM/C POLICIES AND PROGRAMMING. THIS WORK HAS INFORMED UNFPA'S PROGRAMMING DECISIONS AT THE NATIONAL LEVEL AND CONTRIBUTED TO UNFPA'S NEW GLOBAL ESTIMATES OF GIRLS AT RISK FOR FGM/C. IN 2020, THE CONSORTIUM WAS INVITED TO CONTRIBUTE TO THE DEVELOPMENT AND REVISION OF NATIONAL POLICIES, INCLUDING GUIDELINES ON ENDING THE PRACTICE OF FGM/C AND ADDRESSING GENDER IN HEALTH IN NIGERIA.

HIV AND AIDS PROGRAM

THE POPULATION COUNCIL TAKES A BROAD AND COMPREHENSIVE APPROACH TO HIV PREVENTION, CARE, AND TREATMENT. THE HIV AND AIDS PROGRAM ENCOMPASSES SOCIAL SCIENCE AND HEALTH-RELATED RESEARCH TO BETTER UNDERSTAND THE SOCIAL AND BEHAVIORAL ASPECTS OF HIV AND AIDS; AND THE DEVELOPMENT, EVALUATION, AND SCALE-UP OF EFFECTIVE SERVICE-DELIVERY MODELS.

Name of the organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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CURRENT PROGRAM PRIORITIES INCLUDE:

- FOSTER THE INTRODUCTION AND SCALE-UP OF HIV PREVENTION TECHNOLOGIES.

- IMPROVE THE DELIVERY OF AND ACCESS TO HIV PREVENTION, CARE, AND

TREATMENT FOR VULNERABLE POPULATIONS.

- UNDERSTAND THE CIRCUMSTANCES AROUND THE LIVES OF THOSE MOST

VULNERABLE, PARTICULARLY ADOLESCENT GIRLS AND YOUNG WOMEN, TO INFORM

APPROACHES TO HIV PREVENTION, TREATMENT AND CARE.

- UNDERSTAND, MEASURE AND ADDRESS STIGMA TO MEET THE NEEDS OF PEOPLE

LIVING WITH AND AT RISK FOR HIV.

- STRENGTHEN THE CAPACITY OF ORGANIZATIONS TO USE DATA IN THEIR HIV

PROGRAMMING.

2020 KEY ACCOMPLISHMENTS:

GLOBALLY, FEMALE SEX WORKERS (FSWS) LIVING WITH HIV ARE LESS LIKELY TO

BE ON ANTIRETROVIRAL TREATMENT (ART) THAN OTHER POPULATIONS; ON

AVERAGE, FEWER THAN 50 PERCENT OF FSWS LIVING WITH HIV ARE ON

TREATMENT. STUDIES FROM SUB-SAHARAN AFRICA HAVE SHOWN IMPROVED HIV

TREATMENT OUTCOMES, SUCH AS UPTAKE OF HIV SERVICES, RETENTION IN CARE,

AND INCREASED DIGNITY AND QUALITY OF LIFE, BY USING COMMUNITY-BASED

DELIVERY OF HIV SERVICES. THE POPULATION COUNCIL'S PROJECT SOAR

CONDUCTED AN IMPLEMENTATION SCIENCE STUDY TO INVESTIGATE

COMMUNITY-BASED DELIVERY OF ART SERVICES TO FSWS IN TANZANIA.

FINDINGS FROM THE STUDY DEMONSTRATED THAT FSWS IN THE COMMUNITY-BASED

ART ARM WERE MORE LIKELY TO INITIATE TREATMENT THAN FSWS IN THE

COMPARISON ARM. INFORMED BY THE STUDY FINDINGS, PUBLIC FACILITIES

ACROSS TANZANIA NOW PROVIDE COMMUNITY-BASED DELIVERY OF ART TO REACH

KEY AND VULNERABLE POPULATIONS, INCLUDING FSWS.

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POVERTY, GENDER, AND YOUTH

THROUGH THE POVERTY, GENDER, AND YOUTH (PGY) PROGRAM, POPULATION

COUNCIL STAFF MEMBERS SEEK TO UNDERSTAND AND ADDRESS THE SOCIAL

DIMENSIONS OF POVERTY, THE CAUSES AND CONSEQUENCES OF GENDER

INEQUALITY, THE DISPARITIES IN OPPORTUNITY THAT ARISE DURING

ADOLESCENCE, AND THE CRITICAL REQUIREMENTS FOR REACHING A SUCCESSFUL,

PRODUCTIVE ADULTHOOD IN LOWER AND MIDDLE INCOME COUNTRIES. PROGRAM

ACTIVITIES ALSO INCLUDE DEVELOPING AND EVALUATING INNOVATIVE PROGRAMS

--ESPECIALLY THOSE RELATED TO EMPOWERMENT, HEALTH, EDUCATION, AND

LIVELIHOODS --TO ADDRESS THE NEEDS OF THE POOR, WOMEN AND YOUNG PEOPLE

IN PARTICULAR. PROGRAM STAFF CONTINUE THE COUNCIL'S LONG-STANDING

TRADITION OF PROVIDING DEMOGRAPHIC ANALYSIS OF THE LINKS BETWEEN

POPULATION AND DEVELOPMENT AT THE MACRO AND MICRO LEVELS.

CURRENT PROGRAM PRIORITIES INCLUDE:

- STRENGTHEN THE EVIDENCE BASE REGARDING ADOLESCENTS, ESPECIALLY GIRLS,

TO INCREASE OUR ABILITY TO ASSIST IN EFFECTIVE PROGRAMS AND POLICIES.

- ADVANCE OUR UNDERSTANDING OF HEALTH SYSTEM FUNCTIONING, AND OF

POVERTY, HEALTH, AND POPULATION TRENDS.

- DEVELOP THE TOOLS TO STRENGTHEN THE EVIDENCE BASE ON TOPICS OF PGY

CONCERN AND SHARING THE RESULTING DATA WITH POLICYMAKERS AND PROGRAM

MANAGERS TO IMPROVE POLICIES AND PROGRAMS.

- EXPAND INITIATIVES ON SCHOOLING, FINANCIAL LITERACY, AND LIVELIHOODS.

- INVESTIGATE EMERGING ISSUES INCLUDING CLIMATE AND RESILIENCE TO

UNDERSTAND AND INFORM STRATEGIES FOR IMPROVING HEALTH AND WELL BEING.

Name of the organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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2020 KEY ACCOMPLISHMENTS:

GIRL CENTER - SUPPORTING EVIDENCE-BASED SOLUTIONS THAT IMPROVE GIRLS'

LIVES: IN 2019, THE GIRL INNOVATION, RESEARCH, AND LEARNING (GIRL)

CENTER CONTINUED TO ADD TO ITS ADOLESCENT DATA HUB. THIS ONLINE

RESOURCE CURATES 760+ DATA SETS FROM 130+ COUNTRIES ON MORE THAN FIVE

MILLION ADOLESCENTS.

THIS OPEN DATA REPOSITORY FURTHER LEVERAGES THE EXISTING HIGH-QUALITY

DATA THE COUNCIL HAS, IS ENCOURAGING AND DEMONSTRATING THE BENEFITS OF

RESEARCH TRANSPARENCY, IS ACCELERATING COLLABORATION AMONG RESEARCHERS,

PROGRAMMERS, DONORS, AND POLICYMAKERS TO DRIVE CONTINUED PROGRESS FOR

ADOLESCENTS.

GUATEMALA & MEXICO: EMPOWERING ADOLESCENT GIRLS IN GUATEMALA,

INDIGENOUS GIRLS ARE FACED WITH DISCRIMINATION BASED ON THE

INTERSECTION OF GENDER, ECONOMICS, AND ETHNICITY. MANY LIVE IN ISOLATED

RURAL AREAS WITH LIMITED ACCESS TO WATER, SANITATION, PASSABLE ROADS,

SCHOOLING, AND HEALTH CARE. INDIGENOUS GIRLS CONFRONT PARTICULAR

BARRIERS THAT PUT THEM AT RISK OF NOT PURSUING SECONDARY EDUCATION AS

WELL AS MARRYING EARLY AND HAVING CHILDREN AT A YOUNG AGE. PROVIDING

ACCESSIBLE EDUCATIONAL OPPORTUNITIES AND DEVELOPING THEIR LIFE SKILLS

MAY DELAY AND EVEN PREVENT THESE RISKS. WHILE CONDITIONS ARE IMPROVING

ACROSS GUATEMALA, SCHOOL ENROLLMENT REMAINS LOW OVERALL, AND INDIGENOUS

GIRLS ARE OVERREPRESENTED AMONG THE OUT-OF-SCHOOL POPULATION.

POPULATION COUNCIL RESEARCH DEMONSTRATED THAT SOCIAL PROGRAMS FAIL TO

REACH THE MOST MARGINALIZED POPULATIONS IN GUATEMALA WHEN THEY ARE NOT

SPECIFICALLY DESIGNED TO MEET THE NEEDS OF THESE GROUPS. IN RESPONSE,

THE POPULATION COUNCIL, IN COLLABORATION WITH LOCAL AND INTERNATIONAL

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PARTNERS, LAUNCHED ABRIENDO OPORTUNIDADES (AO) 16 YEARS AGO TO REACH

INDIGENOUS ADOLESCENT GIRLS IN RURAL COMMUNITIES ACROSS GUATEMALA.

SINCE THE PILOT PHASE IN 2004, AO HAS BEEN IMPLEMENTED IN 350

COMMUNITIES ACROSS GUATEMALA, REACHING 20,000+ GIRLS AGES 8-18 AND

EMPLOYING 300+ YOUNG INDIGENOUS WOMEN AS MENTORS.

THESE PILOTS HAVE STRENGTHENED PUBLIC EDUCATION PROGRAMS AND REINFORCED

THE COUNCIL'S ROLE AS A VALUABLE PARTNER TO THE MINISTRY OF EDUCATION.

AO MENTORS HAVE BECOME TUTORS CERTIFIED BY THE MINISTRY OF EDUCATION TO

PROVIDE LOWER SECONDARY EDUCATION TO OUT-OF-SCHOOL GIRLS. AO ALSO

DEVELOPED CURRICULA NOW UTILIZED BY THE MINISTRY FOR ALL SECONDARY

STUDENTS IN ITS ALTERNATIVE EDUCATION PROGRAM (MODALIDADES FLEXIBLES).

SEVERAL AO ALUMNI PROFESSIONAL NETWORKS, INCLUDING REDMI (RED DE

MUJERES INDGENAS DE ABRIENDO OPORTUNIDADES) AQ'AB'AL, AND NA'LEB'AK,

NOW OPERATE INDEPENDENTLY AS REGISTERED NONGOVERNMENTAL ORGANIZATIONS

(NGOS), SUPPORTING THE PARTICIPATION OF INDIGENOUS GIRLS AND WOMEN IN

CIVIL SOCIETY, COMMUNITY DEVELOPMENT, AND LOCAL GOVERNANCE.

FORM 990, PART III, LINE 4B

BIOMEDICAL RESEARCH

RESEARCHERS AT THE POPULATION COUNCIL'S CENTER FOR BIOMEDICAL RESEARCH

PIONEERED THE FIELD OF LONG-ACTING, REVERSIBLE CONTRACEPTION (LARCS),

INCLUDING DEVELOPMENT OF INTRAUTERINE DEVICES (IUDS) AND IMPLANTS.

TODAY, MORE THAN 170 MILLION PEOPLE WORLDWIDE ARE USING CONTRACEPTIVE

TECHNOLOGIES DEVELOPED AT CBR OR BASED ON CBR'S TECHNOLOGIES

STRATEGIES. THE COUNCIL HAS ALSO PIONEERED BASIC RESEARCH ON THE

MECHANISMS THAT LEAD TO INFECTION AND CELL-TO-CELL SPREAD OF HIV.

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CURRENT PROGRAM PRIORITIES INCLUDE:

- CONDUCT BASIC RESEARCH ON THE BIOLOGY OF HIV AND REPRODUCTIVE HEALTH.

- INVESTIGATE NEW APPROACHES TO PREVENT HIV AND OTHER SEXUALLY

TRANSMITTED INFECTIONS, INCLUDING MULTI-PURPOSE PREVENTION

TECHNOLOGIES.

- DEVELOP THE NEXT-GENERATION CONTRACEPTIVES AND DELIVERY SYSTEMS,

INCLUDING RINGS, GELS, TABLETS, FAST-DISSOLVING INSERTS, WHICH ARE

DESIGNED TO BE SAFER, LOWER-COST AND EASIER TO USE.

2020 KEY ACCOMPLISHMENTS:

PHASE 3 CLINICAL EFFICACY TRIAL RESULTS FROM THE POPULATION

COUNCIL-DEVELOPED ANNOVERA (SEGESTERONE ACETATE AND ETHINYL ESTRADIOL

VAGINAL CONTRACEPTIVE SYSTEM) WERE PUBLISHED IN THE LANCET GLOBAL

HEALTH. ANNOVERA IS THE FIRST AND ONLY CONTRACEPTIVE THAT PROVIDES AN

ENTIRE YEAR OF PROTECTION AGAINST UNINTENDED PREGNANCY WHILE FULLY

UNDER A WOMAN'S CONTROL. RESULTS SHOW THAT ANNOVERA WAS 97% EFFECTIVE

IN PREVENTING PREGNANCY FOR UP TO 13 MENSTRUAL CYCLES, WHICH MEANS THAT

WOMEN DO NOT NEED TO RETURN TO THE CLINIC OR PHARMACY FOR PRESCRIPTION

REFILLS. COUNCIL RESEARCHERS CONTINUED TO CONDUCT RESEARCH INTO A NEXT

GENERATION VAGINAL CONTRACEPTIVE RING.

COUNCIL RESEARCHERS CONTINUED PHASE II CLINICAL TRIALS TO TEST A

REVERSIBLE CONTRACEPTIVE FOR MEN. THIS IS THE FIRST CLINICAL TRIAL TO

TEST THE SAFETY AND EFFICACY OF THE NESTORONE AND TESTOSTERONE (NES/T)

GEL, A NEW, REVERSIBLE CONTRACEPTIVE DEVELOPED BY THE POPULATION

COUNCIL AND DESIGNED TO BE ABSORBED THROUGH THE SKIN OF THE MALE

PARTNER'S UPPER ARMS AND SHOULDERS. THE NES/T GEL TRIAL RECRUITED 400

COUPLES IN SEVEN COUNTRIES TO TEST THE SAFETY AND EFFICACY OF THE GEL.

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IF SUCCESSFUL, A PHASE III TRIAL WILL BE PLANNED WITH THE ULTIMATE GOAL
OF EXPANDING MALE CONTRACEPTIVE OPTIONS TO HELP MAKE FAMILY PLANNING
MORE OF A SHARED RESPONSIBILITY BETWEEN WOMEN AND MEN.

PUBLICATIONS

THE POPULATION COUNCIL COMMUNICATES THE RESULTS OF OUR WORK AND THAT OF
OTHERS IN THE FIELD TO PEOPLE CONCERNED WITH POPULATION AND
REPRODUCTIVE HEALTH ISSUES. THE COUNCIL PUBLISHES AND DISSEMINATES - TO
PROFESSIONALS IN THE FIELD AND TO GENERAL AUDIENCES - A WIDE RANGE OF
MATERIALS THAT INCLUDES REPORTS, DATASETS, POLICY BRIEFS, WORKING
PAPERS, FLYERS, AND PAMPHLETS. MOST MATERIALS ARE PROVIDED AT NO COST,
DISTRIBUTED AT CONFERENCES AND MEETINGS, OR DOWNLOADED FROM THE
COUNCIL'S WEB SITE. THE COUNCIL PUBLISHES TWO OF THE FIELD'S LEADING
SCHOLARLY, PEER-REVIEWED JOURNALS: POPULATION AND DEVELOPMENT REVIEW
AND STUDIES IN FAMILY PLANNING. THEY ARE AVAILABLE IN PRINT AND ONLINE
ON A PAID SUBSCRIPTION BASIS, AND THROUGH COMPLIMENTARY SUBSCRIPTIONS
AVAILABLE TO QUALIFIED APPLICANTS IN DEVELOPING COUNTRIES. SUPPLEMENTS
TO POPULATION AND DEVELOPMENT REVIEW ARE ALSO AVAILABLE.

STAFF MEMBERS PUBLISH THE FINDINGS FROM THEIR WORK THROUGH NUMEROUS
PRINT AND ELECTRONIC OUTLETS. IN 2020, THE POPULATION COUNCIL PUBLISHED
164 PEER-REVIEWED ARTICLES AND HAD 670+ CITATIONS. OUR PUBLISHED
REPORTS, WORKING PAPERS, AND TOOLS WERE DOWNLOADED MORE THAN 72,000
TIMES FOR USE BY VISITORS FROM OUR INTERNATIONAL REPOSITORY.

COUNCIL STAFF MEMBERS DISSEMINATE INFORMATION THROUGH VARIOUS DIGITAL
PLATFORMS, INCLUDING THE COUNCIL'S OWN WEB SITE AT WWW.POPCOUNCIL.ORG.
CURRENTLY FEATURING MORE THAN 5,000 PUBLICATIONS, ARTICLES, AND OTHER

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RESOURCES, THE SITE ALSO INCLUDES DESCRIPTIONS OF COUNCIL PROJECTS.

DISTINGUISHED COLLEAGUES

ONE DISTINGUISHED SCIENTIST PROVIDES ADDITIONAL EXPERTISE IN AREAS OF RELEVANCE TO THE COUNCIL AND REPRESENT THE ORGANIZATION IN THEIR FIELDS INTERNATIONALLY. HE ALSO CONDUCTS RESEARCH ON A VARIETY OF POPULATION ISSUES, INCLUDING THE DETERMINANTS OF FERTILITY, POPULATION -ENVIRONMENT RELATIONSHIPS, THE DEMOGRAPHIC IMPACT OF THE AIDS EPIDEMIC, POPULATION AGING, AND POPULATION POLICY OPTIONS.

ONE DISTINGUISHED SCIENTIST SPEAKS AT CONFERENCES AND FORUMS AROUND THE WORLD AND ADVISES SCIENTISTS ABOUT RESEARCH IN REPRODUCTIVE HEALTH AND NEW CONTRACEPTIVE TECHNOLOGIES. SHE IS THE CHAIRPERSON OF THE INTERNATIONAL COMMITTEE FOR CONTRACEPTION RESEARCH, AN HONORARY MEMBER OF THE INTERNATIONAL MENOPAUSE SOCIETY, A FOUNDING MEMBER OF THE INTERNATIONAL CONSORTIUM OF MALE CONTRACEPTION AND AN ACTIVE MEMBER OF THE EUROPEAN SOCIETY FOR CONTRACEPTION. SHE IS ALSO THE PROGRAM DIRECTOR AND PRINCIPAL INVESTIGATOR OF A NATIONAL INSTITUTES OF HEALTH (NIH) CENTER GRANT FROM THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT.

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

BANGLADESH, BURKINA FASO, CAMBODIA, EGYPT,
ETHIOPIA, GHANA, GUATEMALA, INDIA,
KENYA, MEXICO, NIGERIA, PAKISTAN,
SENEGAL, ZAMBIA

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

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REVIEW OF FORM 990

AT A MEETING OF THE BOARD OF TRUSTEES IN JUNE 2009, THE BOARD OF TRUSTEES

APPROVED THE DELEGATION, TO THE AUDIT COMMITTEE, OF THE AUTHORITY AND

RESPONSIBILITY TO REVIEW SUBMISSION TO THE IRS OF THE COUNCIL'S IRS FORM

990 AND ITS SUPPORTING SCHEDULES. ONCE REVIEWED BY THE AUDIT COMMITTEE, AND

PRIOR TO FILING WITH THE IRS, THE FINAL VERSION OF THE IRS FORM 990 AND

SUPPORTING SCHEDULES, IS DISTRIBUTED, VIA EMAIL, TO EACH MEMBER OF THE

COUNCIL'S BOARD OF TRUSTEES.

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

CONFLICT OF INTEREST POLICY

EACH YEAR, TRUSTEES, OFFICERS AND MEMBERS OF THE COMMITTEES OF THE

CORPORATION ARE REQUIRED TO AFFIRM STATEMENTS ATTESTING TO THE LACK OF A

CONFLICT OR DISCLOSING OF ANY CONFLICTS TO THE BOARD IN THE CONDUCT OF

THEIR RESPONSIBILITIES TO THE COUNCIL. IF A POTENTIAL CONFLICT OR THE

APPEARANCE OF CONFLICT IS DISCLOSED, APPROPRIATE MEASURES ARE OR WILL BE

TAKEN BY THE BOARD TO ELIMINATE OR MANAGE THE SITUATION. FAILURE TO

DISCLOSE A KNOWN CONFLICT IS CAUSE FOR REMOVAL FROM THE BOARD OR OTHER

COUNCIL POSITION.

PER COUNCIL POLICY, THE STAFF CONFLICTS OF INTEREST POLICY AND DISCLOSURE

FORM ARE DISTRIBUTED TO ALL EMPLOYEES UPON HIRE, AND THEREAFTER IN THE

COURSE OF EMPLOYMENT IN SITUATIONS THAT POSE A POTENTIAL CONFLICT OR THE

APPEARANCE OF A CONFLICT, AND REQUIRE EMPLOYEE AFFIRMATION IN WRITING.

ALL EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST, AND

SITUATIONS THAT MAY CONSTITUTE A CONFLICT OF INTEREST, AS THEY ARISE TO

THEIR SUPERVISOR OR OTHER COUNCIL OFFICIAL. EMPLOYEES WHO ARE ENGAGED IN

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RESEARCH ARE REQUIRED TO SUBMIT A SEPARATE FINANCIAL CONFLICT OF INTEREST

IN RESEARCH DISCLOSURE FORM ANNUALLY. IN ALL CASES, IF A CONFLICT IS

DISCLOSED OR IDENTIFIED, APPROPRIATE MEASURES ARE OR WILL BE TAKEN TO

ELIMINATE OR MANAGE THE MATTER. FAILURE TO DISCLOSE A KNOWN CONFLICT IS

FOUNDATIONS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL.

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

COMPENSATION OF PRESIDENT

THE COUNCIL'S BOARD OF TRUSTEES DELEGATED TO THE HIRING COMMITTEE

RESPONSIBILITY FOR REVIEWING AND APPROVING THE COMPENSATION OF THE

PRESIDENT AT THE TIME THE POSITION WAS BEING RECRUITED. THE BOARD OF

TRUSTEES EXECUTIVE COMMITTEE COMPRISED OF INDEPENDENT TRUSTEES, REVIEWS

AND APPROVES THE COMPENSATION OF THE PRESIDENT ANNUALLY. COMPARABLE

COMPENSATION DATA IS USED AND DELIBERATIONS AND DECISIONS ARE

CONTEMPORANEOUSLY DOCUMENTED. THE MOST RECENT COMPENSATION REVIEW TOOK

PLACE IN DECEMBER 2020.

COMPENSATION OF OFFICERS

THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE, COMPRISED OF INDEPENDENT

TRUSTEES, REVIEWS AND APPROVES THE COMPENSATION OF THE OFFICERS AT THE TIME

OF HIRE AND ANNUALLY. COMPARABLE COMPENSATION DATA IS USED AND

DELIBERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT

VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization	Employer identification number
THE POPULATION COUNCIL, INC.	13-1687001

DOCUMENT DISCLOSURE

THE COUNCIL POSTS ON ITS EXTERNAL WEBSITE, AT WWW.POPCOUNCIL.ORG, AT LEAST

THE THREE MOST RECENT YEARS OF AUDITED FINANCIAL STATEMENTS AND

CORRESPONDING FORMS 990. COPIES OF THE COUNCIL'S GOVERNING DOCUMENTS AND

ITS CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE GENERAL PUBLIC UPON

REQUEST. THE IRS DOES NOT REQUIRE THE PUBLIC DISSEMINATION OF THE

POPULATION COUNCIL'S IRS FORM 1023, BECAUSE THE COUNCIL WAS FOUNDED IN 1952

AND PUBLIC AVAILABILITY IS NOT REQUIRED WHERE THE COUNCIL DID NOT HAVE A

COPY OF ITS EXEMPTION APPLICATION ON THE EFFECTIVE DATE OF THE REQUIREMENT

IN JULY 1987.

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

PENSION AND OTHER RETIREMENT CHANGES OTHER THAN NET

PERIODIC BENEFIT COST 2,631,057.

FOREIGN CURRENCY EXCHANGE 247,693.

POST RETIREMENT CHANGES OTHER THAN SERVICE COST -343,749.

TOTAL TO FORM 990, PART XI, LINE 9 2,535,001.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE POPULATION COUNCIL, INC.

Employer identification number

13-1687001

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
POPULATION COUNCIL KENYA - 98-1507845 ROSE AVENUE, AVENUE 5, 3RD FL. NAIROBI, KENYA	REPRO. HEALTH	KENYA	2,460,075.	779,533.	POP. COUNCIL
POPULATION CENTER PAKISTAN - 98-1513527 ST #37, BELLA ROAD, SEC G-10 ISLAMABAD, PAKISTAN	REPRO. HEALTH	PAKISTAN	5,933.	23,338.	POP. COUNCIL
POPULATION COUNCIL CONSULT. PRIVATE LTD - 98-1508082, B-2 LOWER GROUND FL, JUNG PURA, NEW DELHI, INDIA 110014	REPRO. HEALTH	INDIA	551,016.	1,017,186.	POP. COUNCIL
POPULATION COUNCIL INSTITUTE - 98-1513527 B-2 LOWER GROUND FL JUNG PURA, NEW DELHI, INDIA 110014	REPRO. HEALTH	INDIA	140,334.	63,829.	POP. COUNCIL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.