

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 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	Name of exempt organization or other filer, see instructions. THE POPULATION COUNCIL, INC.	Taxpayer identification number (TIN) 13-1687001
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. ONE DAG HAMMARSKJOLD PLAZA, 3RD FLR	
	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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

TONY DUTSON

- The books are in the care of ▶ ONE DAG HAMMARSKJOLD PLAZA, 3RD FLR - NEW YORK, NY 10017

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 NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2021 or
- ▶ tax year beginning _____, and ending _____.

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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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	\$	0.
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	\$	0.

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

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable:	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	D Employer identification number 13-1687001
<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	F Name and address of principal officer: JULIA BUNTING THRING SAME AS C ABOVE	E Telephone number (212) 339-0500
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		G Gross receipts \$ 112,160,750.
J Website: WWW.POPCOUNCIL.ORG		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
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶
L Year of formation: 1952		M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: GENERATE IDEAS, PRODUCE EVIDENCE, AND DESIGN SOLUTIONS TO IMPROVE (SEE SCHEDULE 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)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	219
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	43,773,375.	44,753,562.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	127,349.	112,836.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,615,276.	7,773,716.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,158,221.	5,573,013.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	57,674,221.	58,213,127.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,766,698.	4,816,457.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	38,009,756.	36,181,322.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 289,545.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,696,682.	19,965,121.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,473,136.	60,962,900.
19 Revenue less expenses. Subtract line 18 from line 12	-3,798,915.	-2,749,773.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	165,937,710.	168,124,790.
	22 Net assets or fund balances. Subtract line 21 from line 20	34,866,284.	29,200,620.
		131,071,426.	138,924,170.

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE GENERATE IDEAS, PRODUCE EVIDENCE, AND DESIGN SOLUTIONS TO IMPROVE THE LIVES OF UNDERSERVED POPULATIONS AROUND THE WORLD. WE TAKE A MULTIDISCIPLINARY, INTERGENERATIONAL, LIFE-CYCLE APPROACH THAT CONTRIBUTES TO FOUR GLOBAL GOALS, INCLUDING THE CONNECTIONS BETWEEN

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

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

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

4a (Code:) (Expenses \$ 34,722,130. including grants of \$ 3,857,403.) (Revenue \$ 0.) ENSURE SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND CHOICES: THE POPULATION COUNCIL TACKLES INTERSECTING INEQUALITIES THAT UNDERMINE RIGHTS AND ACCESS TO CONTRACEPTION, HIV PREVENTION, MATERNAL AND NEWBORN HEALTH, SAFE ABORTION, AND SEXUALITY EDUCATION, AMONG OTHER SEXUAL AND REPRODUCTIVE HEALTH NEEDS. FOR MORE INFORMATION SEE SCHEDULE O.

4b (Code:) (Expenses \$ 12,509,417. including grants of \$ 959,054.) (Revenue \$ 0.) BIOMEDICAL RESEARCH: ON THE BIOMEDICAL FRONT, SCIENTISTS AT OUR CENTER FOR BIOMEDICAL RESEARCH (CBR) INVENT CONTRACEPTIVES AND MULTIPURPOSE PREVENTION TECHNOLOGIES THAT MEET PEOPLE'S DIVERSE NEEDS AND LIFESTYLES. CBR IS THE LEADING INNOVATOR OF HIGH QUALITY SEXUAL AND REPRODUCTIVE HEALTH PRODUCTS THAT ENHANCE SAFETY AND CHOICE FOR INDIVIDUALS IN THE GLOBAL MARKET.

4c (Code:) (Expenses \$ 954,338. including grants of \$ 0.) (Revenue \$ 112,836.) 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. FOR MORE INFORMATION SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 48,185,885.

Part IV Checklist of Required Schedules

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

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>	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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

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

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		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?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIA BUNTING THRING PRESIDENT	35.00 0.00	X		X				450,830.	0.	24,800.
(2) JAMES E. SAILER VP & EXEC DIR, CTR FOR BIO RSH	35.00 0.00			X				327,524.	0.	50,842.
(3) ANNABEL ERULKAR SENIOR ASSOCIATE & COUNTRY DIR	40.00 0.00					X		300,298.	0.	43,621.
(4) PATRICIA C. VAUGHAN VP, GEN COUNSEL AND SECRETARY	35.00 0.00			X				296,241.	0.	38,595.
(5) LISA HADDAD MEDICAL DIRECTOR	35.00 0.00					X		272,347.	0.	57,622.
(6) THOAI D. NGO VICE PRESIDENT, SBSR	35.00 0.00			X				284,559.	0.	34,455.
(7) JULIE M. PULERWITZ PROGRAM DIRECTOR HIV & AIDS	35.00 0.00					X		246,362.	0.	24,800.
(8) MAR A. MARGOLIS DIRECTOR, GLOBAL ADMIN.	0.00 0.00						X	213,810.	0.	47,430.
(9) LOUIS F. APICELLA ASSOC II & COUNTRY REPRESENTATIVE	40.00 0.00					X		213,551.	0.	39,319.
(10) HARRIET BIRUNGI VP, INTERNATIONAL PROGRAMS	40.00 0.00			X				226,502.	0.	22,214.
(11) MICHAEL MBIZVO SENIOR ASSOCIATE & COUNTRY DIR	40.00 0.00					X		225,055.	0.	1,573.
(12) TONY DUTSON (AS OF 06/2021) VP, CORPORATE FINANCE & ADMIN	40.00 0.00			X				162,177.	0.	3,264.
(13) RONALD GEARY INTERIM VP, CFA (THRU 05/2021)	35.00 0.00			X				112,500.	0.	0.
(14) DARCY BRADBURY CHAIR OF THE BOARD	1.00 0.00	X						0.	0.	0.
(15) EDITH ASIBEY TRUSTEE (AS OF 06/2021)	1.00 0.00	X						0.	0.	0.
(16) ZULFIQAR A. BHUTTA TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) PAPE GAYE TRUSTEE (AS OF 06/2021)	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MINA GEROWIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) JONATHAN KAGAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) NYOVANI MADISE TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) WANDA OLSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) TERRY PEIGH TRUSTEE (THRU 06/2021)	1.00 0.00	X						0.	0.	0.
(23) THEO SPENCER TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) JEFFREY M. SPIELER TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) JONATHAN SHAKES TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) FRANSJE VAN DER WAALS TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,331,756.	0.	388,535.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,331,756.	0.	388,535.

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 77

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED MINDS 909 THIRD AVENUE, NEW YORK, NY 10022	STRATEGIC ADVISORY SERVICES	235,000.
KAPOW, INC., 1620 BROADWAY, SUITE B, SANTA MONICA, CA 90404	WEBSITE DEVELOPMENT	196,359.
GRANT THORNTON, 3333 FINLEY RD, SUITE 700, DOWNERS GROVE, IL 60515	AUDIT & TAX SERVICES	174,980.
PPD DEVELOPMENT, LP 26361 NETWORK PLACE, CHICAGO, IL 60673	MEDICAL SAFETY SERVICES	167,129.
PRIME BUCHHOLZ, 273 CORPORATE DRIVE, SUITE 250, PORTSMOUTH, NH 03801	INVESTMENT CONSULTING	135,714.

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(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			
(27) KAYE WELLINGS TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) CARMENCITA WHONDER TRUSTEE (AS OF 12/2021)	1.00 0.00	X						0.	0.	0.
(29) DAVID SERWADDA TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) SALIM S. ABDOOL KARIM TRUSTEE (THRU 12/2021)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	4,306.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	23,535,696.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	21,213,560.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 414,745.				
	1 h	Total. Add lines 1a-1f		44,753,562.			
Program Service Revenue	2 a	PUBLICATIONS REVENUE	511190	112,836.	112,836.		
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		112,836.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,283,339.		2,283,339.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		5,554,663.		5,554,663.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	59,429,729.	8,271.		
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	53,919,524.	28,099.			
	7 c	Gain or (loss)	5,510,205.	-19,828.			
7 d	Net gain or (loss)		5,490,377.		5,490,377.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	18,350.		18,350.	
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		18,350.			
12	Total revenue. See instructions		58,213,127.	112,836.	0.	13,346,729.	

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 X

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 ...	2,012,118.	2,012,118.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	372,141.	372,141.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,432,198.	2,432,198.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,174,686.	1,220,328.	896,845.	57,513.
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	26,142,474.	20,338,977.	5,678,706.	124,791.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,999,056.	1,414,224.	569,367.	15,465.
9 Other employee benefits	4,331,872.	3,352,334.	957,241.	22,297.
10 Payroll taxes	1,533,234.	1,117,714.	404,453.	11,067.
11 Fees for services (nonemployees):				
a Management				
b Legal	337,818.	234,917.	102,901.	
c Accounting	321,413.	40,038.	281,375.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	311,608.		311,608.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,957,909.	6,285,201.	662,606.	10,102.
12 Advertising and promotion				
13 Office expenses	717,994.	578,548.	136,079.	3,367.
14 Information technology	916,619.	366,083.	546,580.	3,956.
15 Royalties				
16 Occupancy	5,022,602.	4,170,874.	829,129.	22,599.
17 Travel	857,335.	809,533.	47,756.	46.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,351,129.	1,323,223.	27,906.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,522,451.	941,236.	572,130.	9,085.
23 Insurance	259,828.	94,501.	165,327.	
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	719,214.	719,214.		
b PRINTING & PUBLICATIONS	354,936.	312,118.	38,233.	4,585.
c DUES, FEES AND OTHER	138,785.	49,718.	84,396.	4,671.
d _____				
e All other expenses _____	175,480.	647.	174,832.	1.
25 Total functional expenses. Add lines 1 through 24e	60,962,900.	48,185,885.	12,487,470.	289,545.
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 Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	20,282,508.	1	17,064,747.
	2 Savings and temporary cash investments	309,725.	2	303,592.
	3 Pledges and grants receivable, net	9,241,766.	3	8,659,152.
	4 Accounts receivable, net	1,600,902.	4	1,385,483.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,055,420.	9	1,159,929.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,123,675.		
	b Less: accumulated depreciation	10b 22,248,691.	8,741,799.	10c 7,874,984.
	11 Investments - publicly traded securities	65,382,833.	11	82,303,848.
	12 Investments - other securities. See Part IV, line 11	59,322,757.	12	49,373,055.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	165,937,710.	16	168,124,790.	
Liabilities	17 Accounts payable and accrued expenses	4,625,515.	17	6,622,500.
	18 Grants payable	17,464.	18	84,609.
	19 Deferred revenue	18,923,413.	19	13,424,892.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,593,280.	24	295,449.
	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	9,706,612.	25	8,773,170.
	26 Total liabilities. Add lines 17 through 25	34,866,284.	26	29,200,620.
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	111,248,191.	27	118,552,089.
	28 Net assets with donor restrictions	19,823,235.	28	20,372,081.
	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		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	131,071,426.	32	138,924,170.
33 Total liabilities and net assets/fund balances	165,937,710.	33	168,124,790.	

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	58,213,127.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,962,900.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,749,773.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	131,071,426.
5	Net unrealized gains (losses) on investments	5	9,902,635.
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	699,882.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	138,924,170.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2021

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).)
- 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 on 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).

(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						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	71,764,136.	70,001,047.	54,165,671.	43,773,373.	44,753,562.	284,457,789.
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	71,764,136.	70,001,047.	54,165,671.	43,773,373.	44,753,562.	284,457,789.
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)						22,054,160.
6 Public support. Subtract line 5 from line 4.						262,403,629.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	71,764,136.	70,001,047.	54,165,671.	43,773,373.	44,753,562.	284,457,789.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,761,073.	25,701,906.	26,698,187.	5,907,118.	7,838,002.	78,906,286.
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.)	1,443.	24,723.	34,110.	12,715.	18,350.	91,341.
11 Total support. Add lines 7 through 10						363,455,416.
12 Gross receipts from related activities, etc. (see instructions)					12	524,867.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	72.20 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	74.57 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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"/>

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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).		

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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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:

MISCELLANEOUS REVENUE

2017 AMOUNT: \$ 1,443.

2018 AMOUNT: \$ 24,723.

2019 AMOUNT: \$ 34,110.

2020 AMOUNT: \$ 12,715.

2021 AMOUNT: \$ 18,350.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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 foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization THE POPULATION COUNCIL, INC.	Employer identification number 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
1	<hr/> <hr/> <hr/>	\$ 7,584,422.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,788,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,037,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,216,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,281,573.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,236,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	<hr/> <hr/> <hr/>	\$ 1,080,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,063,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE POPULATION COUNCIL, INC.	Employer identification number 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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization THE POPULATION COUNCIL, INC.	Employer identification number 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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 <p style="text-align: center;">THE POPULATION COUNCIL, INC.</p>	Employer identification number <p style="text-align: center;">13-1687001</p>
---	---

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) 2021

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		60,361,747.													
e Total exempt purpose expenditures (add lines 1c and 1d)		60,361,747.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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

2021

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 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: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 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.

Table with 2 columns: Revenue, Assets. Rows include: 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.; 1b 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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	128,366,267.	128,976,048.	102,580,845.	96,286,852.	87,171,268.
b Contributions	1,000.	3,000.	20,000,000.	20,012,572.	8,301,649.
c Net investment earnings, gains, and losses	17,346,495.	9,723,063.	19,305,001.	-4,185,367.	14,010,106.
d Grants or scholarships					
e Other expenditures for facilities and programs	11,473,799.	10,266,962.	12,806,263.	9,437,496.	13,048,167.
f Administrative expenses	110,077.	68,882.	103,535.	95,716.	148,004.
g End of year balance	134,129,886.	128,366,267.	128,976,048.	102,580,845.	96,286,852.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 86.2300 %
 - b Permanent endowment 4.0900 %
 - c Term endowment 9.6800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		21,873,507.	16,708,579.	5,164,928.
d Equipment		6,930,203.	4,590,664.	2,339,539.
e Other		1,319,965.	949,448.	370,517.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,874,984.

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	49,373,055.	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.) ▶	49,373,055.	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT CREDIT	4,400,757.
(3) POSTRETIREMENT MED BEN PAYABLE	4,372,413.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,773,170.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	68,148,557.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,902,635.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	344,403.
e	Add lines 2a through 2d	2e	10,247,038.
3	Subtract line 2e from line 1	3	57,901,519.
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	311,608.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	311,608.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	58,213,127.

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	60,295,813.
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	-355,479.
e	Add lines 2a through 2d	2e	-355,479.
3	Subtract line 2e from line 1	3	60,651,292.
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	311,608.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	311,608.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	60,962,900.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

POSTRETIREMENT BENEFIT CHANGES OTHER THAN NET PERIODIC

Part XIII Supplemental Information (continued)

BENEFIT COST 344,403.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

POST RETIREMENT CHANGES OTHER THAN SERVICE COST -362,859.

EXCHANGE RATE LOSS 7,380.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -355,479.

**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

2021

Open to Public
Inspection

Name of the organization

Employer identification number

THE POPULATION COUNCIL, INC.

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	8	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	613,185.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	512,742.
MIDDLE EAST AND NORTH AFRICA	1	20	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	1,091,396.
NORTH AMERICA	1	10	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	1,076,775.
SOUTH ASIA	6	128	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	8,194,312.
SUB-SAHARAN AFRICA	10	123	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	13,846,624.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		37,450.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		618,332.
3 a Subtotal	19	291			25,990,816.
b Total from continuation sheets to Part I	0	0			19,210,448.
c Totals (add lines 3a and 3b)	19	291			45,201,264.

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Schedule F (Form 990) 2021

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
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		7,685.
SOUTH ASIA	0	0	GRANTMAKING		247,275.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,521,456.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		17,434,032.
Totals					19,210,448.

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	5,981.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SOCIAL & BEH. SCIENCE	31,469.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	34,218.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	32,677.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	351,022.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	191,650.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	5,090.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	SOCIAL & BEH. SCIENCE	7,685.	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 22

3 Enter total number of other organizations or entities 8

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)
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	46,314.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	5,226.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	13,063.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	6,663.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	43,046.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	7,931.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	101,916.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	14,044.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	78,339.	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	94,656.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	73,998.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	80,720.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	226,032.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	375,800.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	79,363.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	34,626.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	19,317.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	24,102.	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	40,332.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	18,548.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	6,339.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	41,760.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	6,751.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	234,414.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	24,744.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	30,011.	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	15,982.	WIRE TRANSFER	0.		
SOCIAL & BEHAVIORAL SCIENCE	SUB-SAHARAN AFRICA	1	16,004.	WIRE TRANSFER	0.		
SOCIAL & BEHAVIORAL SCIENCE	SOUTH ASIA	1	9,073.	WIRE TRANSFER	0.		
SOCIAL & BEHAVIORAL SCIENCE	EASTERN AFRICA	1	14,780.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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 \$3,674 AND ALSO EXCLUDES RETURNED GRANTS AND OTHER

ASSISTANCE TO ORGANIZATIONS OR ENTITIES OUTSIDE THE UNITED STATES THAT

IN AGGREGATE TOTAL \$15,161.

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADMINISTRATORS OF THE TULANE EDUCATIONAL - 1430 TULANE AVENUE EP -15 - NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	131,934.	0.			BIOMEDICAL RESEARCH
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	83-0621846	501(C)(3)	119,473.	0.			BIOMEDICAL RESEARCH
AVENIR HEALTH 41-A NEW LONDON TURNPIKE GLASTONBURY, CT 06033	20-4816286	501(C)(3)	246,795.	0.			SOCIAL & BEHAVIORAL SCIENCE
COAIHC 4913 W. RENO OKLAHOMA CITY, OK 73127	73-0955756	501(C)(3)	8,322.	0.			SOCIAL & BEHAVIORAL SCIENCE
EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	25,289.	0.			BIOMEDICAL RESEARCH
GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW ATLANTA, GA 30332	58-0603146		27,281.	0.			SOCIAL & BEHAVIORAL SCIENCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 17.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDEAS42 80 BROAD STREET, SUITE 3000 NEW YORK, NY 10004	27-1678009	501(C)(3)	7,699.	0.			SOCIAL & BEHAVIORAL SCIENCE
JOHNS HOPKINS UNIVERSITY 3910KESWICK ROAD NO. 4327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	30,369.	0.			SOCIAL & BEHAVIORAL SCIENCE
MILLE LACS BAND OF OJIBWE 43408 OODENA DR. ONAMIA, MN 56359	41-1661577	501(C)(3)	18,525.	0.			SOCIAL & BEHAVIORAL SCIENCE
OAK CREST INSTITUTE OF SCIENCE 132 WEST CHESTNUT AVENUE MONROVIA, CA 91016	95-4680961	501(C)(3)	125,860.	0.			BIOMEDICAL RESEARCH
PATH 2201 WESTLAKE AVENUE, SUITE 200 SEATTLE, WA 98121	91-1157127	501(C)(3)	36,189.	0.			BIOMEDICAL RESEARCH
POPULATION REFERENCE BUREAU 1875 CONNECTICUT AVE. NW WASHINGTON, DC 20009	53-0214030	501(C)(3)	191,510.	0.			SOCIAL & BEHAVIORAL SCIENCE
REGENTS OF THE UNIVERSITY OF COLORADO - 3100 MARINE STREET ROOM 481 - BOULDER, CO 80303	84-6000555	501(C)(3)	18,742.	0.			SOCIAL & BEHAVIORAL SCIENCE
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY SEATTLE, WA 98105	91-0564748	501(C)(3)	18,834.	0.			BIOMEDICAL RESEARCH
THUNDER VALLEY COMMUNITY DEVELOPMENT CORPORATION - P.O. BOX 290 - PORCUPINE, SD 57772	20-8090454	501(C)(3)	9,236.	0.			SOCIAL & BEHAVIORAL SCIENCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	57,543.	0.			SOCIAL & BEHAVIORAL SCIENCE
TULANE UNIVERSITY 1430 TULANE AVENUE EP -15 NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	922,777.	0.			SOCIAL & BEHAVIORAL SCIENCE
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	13,679.	0.			SOCIAL & BEHAVIORAL SCIENCE

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	290,932.	0.		
SOCIAL & BEHAVIORAL SCIENCE	1	81,209.	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 \$4,518 AND ALSO EXCLUDES RETURNED GRANTS AND OTHER

ASSISTANCE TO ORGANIZATIONS OR ENTITIES INSIDE THE UNITED STATES THAT

IN AGGREGATE TOTAL \$3,969.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input 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) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIA BUNTING THRING PRESIDENT	(i)	450,200.	0.	630.	24,000.	800.	475,630.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES E. SAILER VP & EXEC DIR, CTR FOR BIO RSH	(i)	300,891.	0.	26,633.	24,000.	26,842.	378,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNABEL ERULKAR SENIOR ASSOCIATE & COUNTRY DIR	(i)	198,674.	0.	101,624.	21,417.	22,204.	343,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICIA C. VAUGHAN VP, GEN COUNSEL AND SECRETARY	(i)	273,969.	0.	22,272.	24,000.	14,595.	334,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA HADDAD MEDICAL DIRECTOR	(i)	271,717.	0.	630.	22,660.	34,962.	329,969.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THOAI D. NGO VICE PRESIDENT, SBSR	(i)	264,681.	0.	19,878.	24,000.	10,455.	319,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JULIE M. PULERWITZ PROGRAM DIRECTOR HIV & AIDS	(i)	243,396.	0.	2,966.	24,000.	800.	271,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAR A. MARGOLIS DIRECTOR, GLOBAL ADMIN.	(i)	212,004.	0.	1,806.	24,000.	23,430.	261,240.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LOUIS F. APICELLA ASSOC II & COUNTRY REPRESENTATIVE	(i)	159,500.	0.	54,051.	17,132.	22,187.	252,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) HARRIET BIRUNGI VP, INTERNATIONAL PROGRAMS	(i)	175,548.	0.	50,954.	0.	22,214.	248,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL MBIZVO SENIOR ASSOCIATE & COUNTRY DIR	(i)	168,421.	0.	56,634.	0.	1,573.	226,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TONY DUTSON (AS OF 06/2021) VP, CORPORATE FINANCE & ADMIN	(i)	162,177.	0.	0.	3,264.	0.	165,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 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.

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

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.

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.

ANNABEL ERULKAR, HIGHEST COMPENSATED EMPLOYEE, RECEIVED TAXABLE HOUSING

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

TOTALING \$57,524, AND ALSO RECEIVED TAXABLE DEPENDENT EDUCATION

ALLOWANCE TOTALING \$36,294.

LOUIS APICELLA, HIGHEST COMPENSATED EMPLOYEE, RECEIVED TAXABLE

HOUSING ALLOWANCE, SECURITY SERVICES, STORAGE ALLOWANCE AND HOME LEAVE

BENEFITS UNDER THIS POLICY TOTALING \$51,585.

HARRIET BIRUNGI, OFFICER, RECEIVED U.S. NONTAXABLE HOUSING ALLOWANCE,

AND SECURITY SERVICES BENEFITS UNDER THIS POLICY TOTALING \$22,837 AND

ALSO RECEIVED DEPENDENT EDUCATION ALLOWANCE TOTALING \$4,117.

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

HOUSING AND SECURITY SERVICES BENEFITS UNDER THIS POLICY TOTALING

\$35,352.

THE COUNCIL'S POLICIES INCLUDE PROVIDING EMPLOYEES WITH EMPLOYER

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

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.

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. HARRIET

BIRUNGI, OFFICER, RECEIVED \$24,000 AND MICHAEL MBIZVO, HIGHEST

COMPENSATED EMPLOYEE, RECEIVED \$21,282 AS RETIREMENT ALLOWANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	414,745. 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? **X**
- 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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- 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

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

Schedule M (Form 990) 2021

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 9, SECURITIES - PUBLICLY TRADED: THE COUNCIL IS REPORTING THE

NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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) THE LIVES OF UNDERSERVED POPULATIONS AROUND THE

WORLD. WE TAKE A MULTIDISCIPLINARY, INTERGENERATIONAL, LIFE-CYCLE

APPROACH THAT CONTRIBUTES TO FOUR GLOBAL GOALS, INCLUDING THE

CONNECTIONS BETWEEN THEM:

1. ENSURE SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND CHOICES
2. EMPOWER ADOLESCENTS AND YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL
3. ACHIEVE GENDER EQUALITY AND EQUITY
4. PURSUE JUSTICE IN THE FACE OF CLIMATE AND ENVIRONMENTAL CHANGES

ESTABLISHED IN 1952 AND HEADQUARTERED IN NEW YORK, THE COUNCIL

IS A NONGOVERNMENTAL, NONPROFIT ORGANIZATION GOVERNED BY AN

INTERNATIONAL

BOARD OF TRUSTEES.

ENSURE SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND CHOICES: THE COUNCIL

WORKS TO IMPROVE SEXUAL AND REPRODUCTIVE HEALTH ESPECIALLY FOR

POPULATIONS SYSTEMATICALLY DISCRIMINATED AGAINST IN LOW- AND MIDDLE

INCOME COUNTRIES. IN PARTNERSHIP WITH OTHER NONGOVERNMENTAL

ORGANIZATIONS, GOVERNMENT POLICYMAKERS, PROGRAM MANAGERS, AND

COMMUNITIES, WE STUDY AND IMPROVE REPRODUCTIVE HEALTH SERVICES, SUPPORT

THE INTRODUCTION OF NEW CONTRACEPTIVES WORLDWIDE, AND ASSISTS

POLICYMAKERS IN FORMULATING, LAUNCHING, AND EXPANDING EVIDENCE-INFORMED

PROGRAMS AND POLICIES.

THE COUNCIL'S BIOMEDICAL LABORATORIES AT THE CENTER FOR BIOMEDICAL

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

Schedule O (Form 990) 2021

132211 11-11-21

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RESEARCH (CBR) DEVELOP INNOVATIVE PRODUCTS THAT HELP PROTECT THE HEALTH AND WELL BEING OF MILLIONS OF PEOPLE WORLDWIDE. CBR'S RESEARCHERS PIONEERED THE FIELD OF LONG ACTING, REVERSIBLE CONTRACEPTION, INCLUDING INTRAUTERINE DEVICES AND IMPLANTS. TODAY, MORE THAN 170 MILLION PEOPLE WORLDWIDE ARE USING CONTRACEPTIVE TECHNOLOGIES DEVELOPED AT CBR OR BASED ON CBR'S TECHNOLOGIES. CBR SCIENTISTS ARE INVESTIGATING NEW APPROACHES TO PREVENT HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS, INCLUDING MULTI PURPOSE PREVENTION TECHNOLOGIES. CBR IS DEVELOPING 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.

EMPOWER ADOLESCENTS AND YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL: THE COUNCIL CONDUCTS POLICY ORIENTED RESEARCH AND PROGRAMS THAT TRANSFORM THE LIVES OF ADOLESCENTS, ESPECIALLY GIRLS. WE CONDUCT RIGOROUS IMPACT EVALUATIONS ON INTERVENTIONS TO IMPROVE THE LIVES OF ADOLESCENT GIRLS, EVALUATING WHAT WORKS, FOR WHICH GIRLS, UNDER WHAT CIRCUMSTANCES, AND AT WHAT COST. WE STUDY THE BEST WAYS TO BUILD THE ASSETS OF ADOLESCENT GIRLS TO GIVE THEM SOCIAL, EDUCATIONAL, AND ECONOMIC OPPORTUNITIES TO BREAK THE CYCLE OF POVERTY. THE COUNCIL ALSO SEEKS TO REDUCE THE IMPACT OF HIV RELATED DISABILITY, DEATH, STIGMA AND DISCRIMINATION, AND ORPHANHOOD ON INDIVIDUALS' LIVES AND ON THE LIVES OF PEOPLE IN THEIR FAMILIES, COMMUNITIES, AND SOCIETIES.

ACHIEVE GENDER EQUALITY AND EQUITY: THE POPULATION COUNCIL TACKLES SOCIAL NORMS AND POWER IMBALANCES THAT UNDERLIE HARMFUL PRACTICES IMPACTING THE PHYSICAL, MENTAL, AND EMOTIONAL WELL-BEING OF INDIVIDUALS, ESPECIALLY WOMEN AND GIRLS. SEXUALITY, RACE, AND ETHNICITY, AMONG OTHER IDENTITIES, INTERSECT IN RELATION TO PEOPLE'S

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GENDERED EXPERIENCES. WE WORK LOCALLY, REGIONALLY, AND GLOBALLY TO DEVELOP, IMPLEMENT, AND SCALE PROVEN CONTEXT-RELEVANT SOLUTIONS.

PURSUE JUSTICE IN THE FACE OF CLIMATE AND ENVIRONMENTAL CHANGES: THE COUNCIL INVESTIGATES THE COMPLEX INTERACTIONS AND DYNAMICS BETWEEN PEOPLE AND THEIR ENVIRONMENT AND HELPS TO ENSURE THAT CLIMATE PROGRAMS AND POLICIES ARE PROGRESSIVE, INCLUSIVE, AND ROOTED IN THE PRINCIPLES OF EQUITY. WE HARNESS EVIDENCE TO BUILD RESILIENT, SUSTAINABLE, AND EQUITABLE COMMUNITIES, ABLE TO ADAPT TO AND MITIGATE THE CLIMATE CRISIS. CLIMATE CHANGE RESEARCH INCLUDES A FOCUS ON GENDER EQUALITY AND ADOLESCENT HEALTH AND WELL-BEING, HARMONIZED DEMOGRAPHIC AND CLIMATE MODELING, AND SUSTAINABLE LIVELIHOODS FOR ECONOMIC EMPOWERMENT

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 380 WOMEN AND MEN. 55 PERCENT ARE BASED OUTSIDE OF THE UNITED STATES. COUNCIL STAFF MEMBERS CONDUCT RESEARCH AND PROGRAMS IN MORE THAN 30 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

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IN WASHINGTON, DC, AND AN INTERNATIONAL PRESENCE IN 19 OFFICES IN 13 COUNTRIES IN AFRICA, ASIA, AND LATIN AMERICA.

THE POPULATION COUNCIL IS GOVERNED BY A BOARD OF TRUSTEES COMPOSED OF 16 MEN AND WOMEN FROM EIGHT COUNTRIES. THIS GROUP INCLUDES LEADERS IN SEXUAL AND REPRODUCTIVE HEALTH, HIV, DEMOGRAPHY, ADOLESCENT HEALTH AND WELLBEING, INTERNATIONAL LAW, FINANCE, INVESTMENT, AND MANAGEMENT.

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

THEM:

1. ENSURE SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND CHOICES
2. EMPOWER ADOLESCENTS AND YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL
3. ACHIEVE GENDER EQUALITY AND EQUITY
4. PURSUE JUSTICE IN THE FACE OF CLIMATE AND ENVIRONMENTAL CHANGES

FORM 990, PART III, LINE 4A

CONTINUED..

OUR RESEARCH AND PARTNERSHIPS ENSURE HIGH QUALITY, VOLUNTARY, AND RIGHTS-BASED COMPREHENSIVE CARE.

EMPOWER ADOLESCENTS AND YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL:

THROUGH OUR GIRL INNOVATION, RESEARCH, AND LEARNING (GIRL) CENTER, THE POPULATION COUNCIL CARRIES FORWARD A GLOBAL AGENDA THAT WE HELPED DEFINE 25 YEARS AGO TO TRANSFORM THE LIVES OF ADOLESCENTS, ESPECIALLY GIRLS.

ACHIEVE GENDER EQUALITY AND EQUITY: THE POPULATION COUNCIL TACKLES

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SOCIAL NORMS AND POWER IMBALANCES THAT UNDERLIE HARMFUL PRACTICES IMPACTING THE PHYSICAL, MENTAL, AND EMOTIONAL WELL-BEING OF INDIVIDUALS, ESPECIALLY WOMEN AND GIRLS. SEXUALITY, RACE, AND ETHNICITY, AMONG OTHER IDENTITIES, INTERSECT IN RELATION TO PEOPLE'S GENDERED EXPERIENCES. WE WORK LOCALLY, REGIONALLY, AND GLOBALLY TO DEVELOP, IMPLEMENT, AND SCALE PROVEN CONTEXT-RELEVANT SOLUTIONS.

PURSUING JUSTICE IN THE FACE OF CLIMATE AND ENVIRONMENTAL CHANGES: THE POPULATION COUNCIL'S INITIATIVE ON POPULATION, ENVIRONMENTAL RISKS, AND THE CLIMATE CRISIS (PERCC) GENERATES IDEAS AND CONDUCTS RESEARCH ON SUSTAINABLE AND EQUITABLE SOLUTIONS TO ENSURE EQUITY, JUSTICE, AND HEALTH. PERCC WORKS ACROSS DISCIPLINES TO BUILD A GLOBAL BODY OF EVIDENCE ON POPULATION AND CLIMATE ISSUES, FOSTERING INNOVATION AND COLLABORATION AMONG OFTEN COMPARTMENTALIZED RESEARCH DISCIPLINES ACROSS THE CLIMATE SCIENCES, DEMOGRAPHY, ECONOMICS, AND PUBLIC HEALTH.

WE TAKE A MULTI-DISCIPLINARY, LIFE-COURSE RESEARCH APPROACH TO FOCUS ON FOUR RESEARCH AREAS: SEXUAL AND REPRODUCTIVE HEALTH, ADOLESCENTS AND YOUNG PEOPLE, GENDER EQUALITY AND EQUITY, AND CLIMATE CHANGE.

ENSURING SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND CHOICES : THE POPULATION COUNCIL TACKLES INTERSECTING INEQUALITIES THAT UNDERMINE RIGHTS AND ACCESS TO CONTRACEPTION, HIV PREVENTION, MATERNAL AND NEWBORN HEALTH, SAFE ABORTION, AND SEXUALITY EDUCATION, AMONG OTHER SEXUAL AND REPRODUCTIVE HEALTH NEEDS. OUR RESEARCH AND PARTNERSHIPS ENSURE HIGH QUALITY, VOLUNTARY, AND RIGHTS-BASED COMPREHENSIVE CARE.

2021 KEY ACCOMPLISHMENTS: WE HELPED TO INTEGRATE FAMILY PLANNING INTO

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WORKER HEALTH AND LIVELIHOOD PROGRAMS IN EGYPT; DOCUMENTED THE PERSPECTIVES OF POLICYMAKERS IN GHANA TO IMPROVE HIV SELF-TESTING AND NATIONAL HIV PROGRAMS; AND SCALED OUR RESEARCH AND ANALYSES FOR SCIENTIFIC TRANSFORMATION AND ADVANCEMENT (RASTA) CONSORTIUM IN INDIA TO STRENGTHEN PROGRAMS AND POLICIES ON FAMILY PLANNING AND REPRODUCTIVE HEALTH. IN NIGERIA, WE LAUNCHED THE NORTH, WEST, AND CENTRAL AFRICA HUB OF FP2030 TO SUPPORT PARTNERS IN OVER 30 COUNTRIES WITH OPERATIONAL AND TECHNICAL ASSISTANCE. OUR BAOBAB RESEARCH PROGRAM CONSORTIUM FILLS GAPS IN EVIDENCE TO ENHANCE SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMING AMONG VULNERABLE POPULATIONS IN REFUGEE SETTINGS IN THE EAST AND HORN OF AFRICA.

ON THE BIOMEDICAL FRONT, SCIENTISTS AT OUR CENTER FOR BIOMEDICAL RESEARCH (CBR) INVENT CONTRACEPTIVES AND MULTIPURPOSE PREVENTION TECHNOLOGIES THAT MEET PEOPLE'S DIVERSE NEEDS AND LIFESTYLES. CBR IS THE LEADING INNOVATOR OF HIGH QUALITY SEXUAL AND REPRODUCTIVE HEALTH PRODUCTS THAT ENHANCE SAFETY AND CHOICE FOR INDIVIDUALS IN THE GLOBAL MARKET. HIGHLIGHTS IN THE PAST YEAR INCLUDE:

NIH GRANT TO DEVELOP THE FIRST NON-HORMONAL VAGINAL RING TO PREVENT PREGNANCY AND HIV.

PHASE 2 CLINICAL TRIAL FOR THE NESTORONE/TESTOSTERONE MALE CONTRACEPTIVE GEL .

PARTNERSHIP WITH A NONPROFIT PHARMACEUTICAL FIRM ON A DUAL PREVENTION PILL TO PREVENT BOTH PREGNANCY AND HIV IN A SINGLE TABLET.

ACQUISITION OF THE DAPIVIRINE RING AND OTHER HIV PREVENTION TECHNOLOGIES.

EMPOWER ADOLESCENTS AND YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL :

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THROUGH OUR GIRL INNOVATION, RESEARCH, AND LEARNING (GIRL) CENTER, THE POPULATION COUNCIL CARRIES FORWARD A GLOBAL AGENDA THAT WE HELPED DEFINE 25 YEARS AGO TO TRANSFORM THE LIVES OF ADOLESCENTS, ESPECIALLY GIRLS. THE AGENDA IS MORE RELEVANT THAN EVER AS ADOLESCENTS FACE SOCIAL, HEALTH, AND ECONOMIC CHALLENGES THAT HAVE BEEN FURTHER COMPOUNDED BY THE COVID PANDEMIC.

2021 KEY ACCOMPLISHMENTS: OUR LONGITUDINAL STUDIES ILLUMINATE PERSISTENT AND CHANGING NEEDS THROUGHOUT ADOLESCENTS' LIVES. IN MEXICO, THE VIOLENCE OUTCOMES IN COVID-19 EPOCH STUDY (VOCES-19) COLLECTED A SECOND ROUND OF DATA ON LIVELIHOODS, EDUCATION, AND EXPERIENCES OF VIOLENCE SINCE THE PANDEMIC. IN EGYPT, THE SURVEY OF YOUNG PEOPLE IN EGYPT (SYPE) BUILDS ON DATA, COLLECTED IN 2009 AND 2014, ON THE HEALTH, EDUCATION, AND EMPLOYMENT PROSPECTS FOR MORE THAN 15,000 ADOLESCENTS AND YOUNG PEOPLE. IN A THIRD FOLLOW-UP ROUND OF DATA CAPTURE, SYPE ALSO COLLECTS INFORMATION ABOUT THE EFFECTS OF THE PANDEMIC AND CLIMATE CHANGE AS WELL AS REACH NEW PARTICIPANTS, INCLUDING INDIVIDUALS WITH DISABILITIES.

TO ENSURE DATA ARE USED FOR EVIDENCE-BASED DECISIONS AND INVESTMENTS, THE GIRL CENTER LAUNCHED THE ADOLESCENT ATLAS FOR ACTION (A3), A SUITE OF TOOLS THAT GIVES GOVERNMENTS, DONORS, AND ADVOCATES THE INFORMATION THEY NEED TO BUILD EFFECTIVE AND SUSTAINABLE PROGRAMS AND POLICIES.

THE EVIDENCE FOR GENDER AND EDUCATION RESOURCE (EGER) IS THE POPULATION COUNCIL'S SIGNATURE PROGRAM TO ADDRESS INEQUALITIES AND INJUSTICES IN GLOBAL EDUCATION. IN 2021, EGER PUBLISHED THE GIRLS' EDUCATION ROADMAP FOR GOVERNMENTS, NGOS, RESEARCHERS, AND DONORS, PROVIDING A FRAMEWORK

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FOR HOW TO PRIORITIZE AND ALIGN INVESTMENTS WITH THE MOST URGENT NEEDS.
 IN THE PAST YEAR, EGER ALSO PUBLISHED RESULTS OF A MULTI-COUNTRY STUDY
 ON THE GENDERED EFFECTS OF COVID-19 SCHOOL CLOSURES AS WELL AS FINDINGS
 SHOWING THAT SIGNIFICANT GAPS REMAIN IN OUR UNDERSTANDING OF WHICH
 INTERVENTIONS IMPROVE GIRLS' EDUCATION AND SKILLS. THE EVIDENCE AND
 ANALYSES MAKE THE CASE FOR GREATER COLLABORATION AND DEEPER INVESTMENT
 TO IMPROVE EDUCATION FOR GIRLS, BOYS, AND COMMUNITIES AROUND THE WORLD.

ACHIEVE GENDER EQUALITY AND EQUITY:
 THE POPULATION COUNCIL TACKLES SOCIAL NORMS AND POWER IMBALANCES THAT
 UNDERLIE HARMFUL PRACTICES IMPACTING THE PHYSICAL, MENTAL, AND
 EMOTIONAL WELL-BEING OF INDIVIDUALS, ESPECIALLY WOMEN AND GIRLS.
 SEXUALITY, RACE, AND ETHNICITY, AMONG OTHER IDENTITIES, INTERSECT IN
 RELATION TO PEOPLE'S GENDERED EXPERIENCES. WE WORK LOCALLY, REGIONALLY,
 AND GLOBALLY TO DEVELOP, IMPLEMENT, AND SCALE PROVEN CONTEXT-RELEVANT
 SOLUTIONS.

2021 KEY ACCOMPLISHMENTS: WE SUPPORTED AN AFRICA-LED MOVEMENT TO END
 FEMALE GENITAL MUTILATION, PUBLISHING EVIDENCE ON WHAT WORKS,
 DEVELOPING A RESEARCH AGENDA, AND CONVENING THE FGM DATA HUB TO ENABLE
 ACCOUNTABILITY AND EVIDENCE USE. WE EVALUATED AND DEVELOPED PROGRAMS TO
 PREVENT CHILD MARRIAGE AND CONCEPTUALIZED A SIMPLIFIED FRAMEWORK FOR
 EVIDENCE-BASED INTERVENTIONS AND INVESTMENTS. CONSIDERING THE POWERFUL
 ROLE THAT INEQUITABLE GENDER NORMS PLAY IN HIV RISK, RELATIONSHIPS, AND
 GENDER-BASED VIOLENCE, OUR RESEARCHERS EXAMINED THE PATHWAYS THROUGH
 WHICH GENDER NORMS AFFECT HIV TESTING AND TREATMENT AND PERPETRATION OF
 INTIMATE PARTNER VIOLENCE. WE ALSO PUBLISHED INSIGHTS ON WHAT
 INTERVENTIONS, ESPECIALLY GROUP-BASED INTERVENTIONS, SHOW PROMISE IN

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ECONOMICALLY EMPOWERING ADOLESCENT GIRLS AND YOUNG WOMEN IN LOW AND MIDDLE-INCOME COUNTRIES. THE REVIEW DOCUMENTED EXTENSIVE EVIDENCE GAPS IN THE ECONOMIC COMPONENTS AND PROGRAMS THAT ARE EFFECTIVE.

TACKLING POWER ASYMMETRIES IN HOW RESEARCH IS CONDUCTED IN HUMANITARIAN SETTINGS, WE HELPED TO DEVELOP RECOMMENDATIONS FOR A FEMINIST APPROACH DURING RESEARCH IN FORCED DISPLACEMENT SETTINGS. THE POPULATION COUNCIL'S HUMANITARIAN TASK FORCE ALSO HOSTED A LEARNING SEMINAR WITH PARTNERS ON GATHERING AND GENERATING RELEVANT AND HIGH-QUALITY DATA AND EVIDENCE TO PRODUCE EFFECTIVE SOLUTIONS FOR PEOPLE AFFECTED BY COMPLEX EMERGENCIES, NATURAL DISASTERS, AND POST-CONFLICT CRISES.

PURSUE JUSTICE IN THE FACE OF CLIMATE AND ENVIRONMENTAL CHANGES : CLIMATE AND ENVIRONMENTAL CHANGE IMPACTS HUMAN HEALTH, SOCIETY, AND THE PLANET, AND THE MOST SEVERE HARMS FALL DISPROPORTIONATELY UPON UNDERSERVED PEOPLE AND COMMUNITIES WHO HAVE CONTRIBUTED THE LEAST TO THE CRISIS. THE POPULATION COUNCIL'S INITIATIVE ON POPULATION, ENVIRONMENTAL RISKS, AND THE CLIMATE CRISIS (PERCC) GENERATES IDEAS AND CONDUCTS RESEARCH ON SUSTAINABLE AND EQUITABLE SOLUTIONS TO ENSURE EQUITY, JUSTICE, AND HEALTH.

PERCC WORKS ACROSS DISCIPLINES TO BUILD A GLOBAL BODY OF EVIDENCE ON POPULATION AND CLIMATE ISSUESFOSTERING INNOVATION AND COLLABORATION AMONG OFTEN COMPARTMENTALIZED RESEARCH DISCIPLINES ACROSS THE CLIMATE SCIENCES, DEMOGRAPHY, ECONOMICS, AND PUBLIC HEALTH.

2021 KEY ACCOMPLISHMENTS: WE EXAMINED VULNERABILITY OF AGRICULTURE TO

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CLIMATE CHANGE AND THE RISK OF CHILD MALNUTRITION IN BURKINA FASO AND

INDIA; CLIMATE-INDUCED LIVELIHOOD TRANSFORMATIONS, REPRODUCTIVE HEALTH,

AND FERTILITY IN DROUGHT-AFFECTED COMMUNITIES IN ZAMBIA; AND ARSENIC

CONTAMINATION AND REPRODUCTIVE HEALTH USING NATIONALLY REPRESENTATIVE

DATA FROM INDIA.

PERCC RESEARCHERS ALSO DEVELOPED DEMOGRAPHIC PROJECTIONS TO INVESTIGATE

THE COMPLEX INTERPLAY BETWEEN PEOPLE AND THE CLIMATE. OUR INNOVATIVE

COMMUNITY DEMOGRAPHIC MODEL, A MODELING SYSTEM AND INTEGRATED TOOL,

ALLOWS USERS TO EXPLORE SOCIO-DEMOGRAPHIC TRAJECTORIES AND UNDERSTAND

HOW GLOBAL SOCIETIES MIGHT CHANGE WITH RESPECT TO POPULATION GROWTH AND

DISTRIBUTION, COMPOSITION, ECONOMIC INEQUALITY, URBANIZATION, AND

ENERGY USE. THE MODELS FACILITATE MORE INCLUSIVE AND SCALABLE

SOLUTIONS.

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

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 LOW-INCOME 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 2021, THE POPULATION COUNCIL PUBLISHED

165 PEER-REVIEWED ARTICLES AND HAD 450 CITATIONS. OUR PUBLISHED

REPORTS, WORKING PAPERS, AND TOOLS WERE DOWNLOADED MORE THAN 191,000

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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 5,500 PUBLICATIONS, ARTICLES, AND OTHER
 RESOURCES, THE SITE ALSO INCLUDES DESCRIPTIONS OF COUNCIL PROJECTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DISTINGUISHED COLLEAGUES :

ONE DISTINGUISHED SCIENTIST PROVIDES ADDITIONAL EXPERTISE IN AREAS OF
 RELEVANCE TO THE COUNCIL AND REPRESENTS THE ORGANIZATION IN HIS FIELD
 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.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

BANGLADESH, CAMBODIA, EGYPT, ETHIOPIA,

GHANA, GUATEMALA, INDIA, KENYA,

MEXICO, NIGERIA, PAKISTAN, SENEGAL,

ZAMBIA

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

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

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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 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 GROUNDS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL.

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

COMPENSATION OF PRESIDENT
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 OCTOBER 2021.

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:

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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:

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 VII

TONY DUTSON BECAME THE VICE PRESIDENT FOR CORPORATE FINANCE AND

ADMINISTRATION OF THE POPULATION COUNCIL IN JUNE OF 2021 AND IS AN

OFFICER OF THE ORGANIZATION. FROM HIS START DATE THROUGH THE END OF

2021 HE WAS LOCATED ABROAD AND PAID THROUGH A THIRD PARTY PROFESSIONAL

EMPLOYER ORGANIZATION. THE POPULATION COUNCIL ALLOCATED FUNDS FOR HIS

COMPENSATION AMOUNTS TO THE THIRD PARTY AND THOSE AMOUNTS ARE REFLECTED

ON PART VII AND SCHEDULE J.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANT FEES:

PROGRAM SERVICE EXPENSES 1,809,461.

MANAGEMENT AND GENERAL EXPENSES 360,635.

Name of the organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,170,096.

BIOMEDICAL RESEARCH FEES:

PROGRAM SERVICE EXPENSES 1,175,718.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,175,718.

PROGRAM PERSONNEL:

PROGRAM SERVICE EXPENSES 1,103,345.

MANAGEMENT AND GENERAL EXPENSES 4,908.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,108,253.

ALL OTHER FEES:

PROGRAM SERVICE EXPENSES 2,196,677.

MANAGEMENT AND GENERAL EXPENSES 297,063.

FUNDRAISING EXPENSES 10,102.

TOTAL EXPENSES 2,503,842.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 6,957,909.

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

PENSION AND OTHER RETIREMENT CHANGES OTHER THAN NET

PERIODIC BENEFIT COST 344,403.

POST RETIREMENT CHANGES OTHER THAN SERVICE COST 362,859.

FOREIGN CURRENCY EXCHANGE -7,380.

TOTAL TO FORM 990, PART XI, LINE 9 699,882.

Name of the organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS

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 2021 OR 2020.

**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

2021

**Open to Public
Inspection**

Name of the organization <p style="text-align: center;">THE POPULATION COUNCIL, INC.</p>	Employer identification number <p style="text-align: center;">13-1687001</p>
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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	3,151,082.	1,937,292.	POP. COUNCIL
POPULATION CENTER PAKISTAN - 98-1513527 ST #37, BELLA ROAD, SEC G-10 ISLAMABAD, PAKISTAN	REPRO. HEALTH	PAKISTAN	34,841.	9,207.	POP. COUNCIL
POPULATION COUNCIL CONSULT. PRIVATE LTD - 98-1508082, B-2 LOWER GROUND FL, JUNG PURA, NEW DELHI, INDIA 110014	REPRO. HEALTH	INDIA	795,974.	1,134,022.	POP. COUNCIL
POPULATION COUNCIL INSTITUTE - 98-1513527 B-2 LOWER GROUND FL JUNG PURA, NEW DELHI, INDIA 110014	REPRO. HEALTH	INDIA	41,588.	74,991.	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) 2021

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
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)				

