

\*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section A-M containing organization details like name, address, EIN, and tax-exempt status.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include Governance (1-7), Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22).

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.

Signature block section containing officer and preparer information, including signatures, dates, and titles.

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

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

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

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

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.

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.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions.  THE POPULATION COUNCIL, INC.	Taxpayer identification number (TIN)  13-1687001
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE DAG HAMMARSKJOLD PLAZA, 2ND 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of TONY DUTSON  
ONE DAG HAMMARSKJOLD PLAZA, 2ND 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, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 23 or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 (SEE SCHEDULE O)

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

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

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

4a (Code: ) (Expenses \$ 27,893,576. including grants of \$ 2,076,347. ) (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. OUR RESEARCH AND PARTNERSHIPS ENSURE HIGH QUALITY, VOLUNTARY, AND RIGHTS-BASED COMPREHENSIVE CARE. FOR MORE INFORMATION SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 34,557,135. including grants of \$ 2,091,053. ) (Revenue \$ 0. ) BIOMEDICAL RESEARCH: ON THE BIOMEDICAL FRONT, THE CENTER FOR BIOMEDICAL RESEARCH (CBR) SIGNED A NUMBER OF LANDMARK AGREEMENTS: - PARTNERING WITH IMRES BV, CBR IS SUPPLYING AND DISTRIBUTING THE MONTHLY DAPIVIRINE VAGINAL RING TO UNDERSERVED COUNTRIES FOR HIV PREVENTION. THE RING IS THE FIRST LONG-ACTING TECHNOLOGY APPROVED FOR HIV PREVENTION IN WOMEN AND THE FIRST OF ITS KIND. FOR MORE INFORMATION SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 287,944. including grants of \$ 0. ) (Revenue \$ 29,799. ) 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 INCLUDE REPORTS, DATASETS, POLICY BRIEFS, WORKING PAPERS, FLYERS, VIDEOS, 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 62,738,655.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included on line 1a, above, who are independent (15); 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: a The governing body? (X); b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official (X); b 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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TONY DUTSON - 212-339-0500
ONE DAG HAMMARSKJOLD PLAZA, 2ND 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIA BUNTING THRING PRESIDENT (THRU 07/23)	35.00 0.00	X		X				483,847.	0.	24,467.
(2) BRID T. DEVLIN CHIEF SCIENTIFIC OFFICER, CBR	35.00 0.00					X		407,471.	0.	61,945.
(3) JAMES E. SAILER INT CO-PRES, EXEC DIR, CTR FOR BIO	35.00 0.00			X				369,346.	0.	46,369.
(4) TONY DUTSON VP, CORPORATE FINANCE & ADMIN	35.00 0.00			X				359,256.	0.	40,207.
(5) PATRICIA C. VAUGHAN INT CO-PRES, SEC., GEN COUNSEL	35.00 0.00			X				347,788.	0.	39,965.
(6) LISA HADDAD MEDICAL DIRECTOR	35.00 0.00					X		296,986.	0.	61,648.
(7) THOAI D. NGO VICE PRESIDENT, SBSR	35.00 0.00			X				311,136.	0.	35,730.
(8) ANNABEL ERULKAR SENIOR ASSOCIATE	40.00 0.00					X		261,052.	0.	61,765.
(9) HARRIET BIRUNGI VP, INTERNATIONAL PROGRAMS	40.00 0.00			X				270,785.	0.	49,472.
(10) JEREMY NUTTALL SR DIRECTOR, PRECLINICAL SCIENCES	35.00 0.00					X		261,207.	0.	55,102.
(11) BRUCE VARIANO SENIOR SCIENTIST & DIRECTOR OF CMC	35.00 0.00					X		252,731.	0.	49,603.
(12) DARCY BRADBURY CHAIR OF THE BOARD	1.00 0.00	X						0.	0.	0.
(13) NYOVANI MADISE VICE CHAIR OF THE BOARD	1.00 0.00	X						0.	0.	0.
(14) JONATHAN KAGAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) EDITH ASIBEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) PAPE GAYE TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) MINA GEROWIN TRUSTEE	1.00 0.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) WANDA OLSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) THEO SPENCER TRUSTEE (THRU 06/23)	1.00 0.00	X						0.	0.	0.
(20) JEFFREY M. SPIELER TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) FRANSJE VAN DER WAALS TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) KAYE WELLINGS TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) CARMENCITA WHONDER TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) GEORGINA CASWELL TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) MANOJ GOPALAKRISHNA TRUSTEE (BEG 09/23)	1.00 0.00	X						0.	0.	0.
(26) INDRE ROCKEFELLER TRUSTEE (BEG 06/23)	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,621,605.	0.	526,273.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,621,605.	0.	526,273.

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 79

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
BPM LLP, 2001 N. MAIN STREET, SUITE 360, WALNUT CREEK, CA 94596	CONSULTANCY SERVICES	561,820.
KCAS, LLC, 10830 S. CLAY BLAIR BOULEVARD, OLATHE, KS 66061	BIOANALYTICAL SERVICES	289,575.
SWIFTPHARMA, KAREL VAN DE WOESTIJNESTRAAT, GENT, BELGIUM 69000	BIOMEDICAL RESEARCH FEES	252,803.
ARRIELLO IRELAND LTD, 51 BRACKEN ROAD, SANDYFORD, DUBLIN, IRELAND D18CU48	BIOMEDICAL RESEARCH FEES	242,872.
GRANT THORNTON, 3333 FINLEY RD SUITE 700, DOWNERS GROVE, IL 60515	AUDIT & TAX SERVICE	185,395.
<b>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</b>	<b>12</b>	

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	863.				
	<b>b</b>	Membership dues .....					
	<b>c</b>	Fundraising events .....					
	<b>d</b>	Related organizations .....					
	<b>e</b>	Government grants (contributions) .....	24,607,344.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	23,134,602.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		47,742,809.			
Program Service Revenue	<b>2 a</b>	PUBLICATIONS REVENUE	513190	29,799.	29,799.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		29,799.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		3,499,251.		3,499,251.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....		15,798,202.		15,798,202.	
	<b>6 a</b>	Gross rents .....	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses ...					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	42,799,804.	534,400.		
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....		43,118,676.	392,919.		
<b>c</b>	Gain or (loss) .....		-318,872.	141,481.			
<b>d</b>	Net gain or (loss) .....		-177,391.		-177,391.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....						
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....		2,385,069.				
<b>b</b>	Less: cost of goods sold .....		2,276,983.				
<b>c</b>	Net income or (loss) from sales of inventory .....		108,086.		108,086.		
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	900099	205,843.		205,843.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		205,843.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		67,206,599.	29,799.	0.	19,433,991.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,214,028.	2,214,028.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	405,155.	405,155.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,548,217.	1,548,217.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,084,998.	1,498,323.	1,539,036.	47,639.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	25,238,565.	18,376,369.	6,836,354.	25,842.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,965,363.	1,445,956.	514,590.	4,817.
<b>9</b> Other employee benefits .....	4,077,361.	2,999,072.	1,072,163.	6,126.
<b>10</b> Payroll taxes .....	1,467,140.	1,070,864.	392,674.	3,602.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	458,188.	287,604.	170,584.	
<b>c</b> Accounting .....	363,211.		363,211.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	350,013.		350,013.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,381,878.	8,532,003.	828,216.	21,659.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	700,044.	463,857.	234,457.	1,730.
<b>14</b> Information technology .....	2,092,554.	296,652.	1,795,303.	599.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	4,738,602.	3,404,476.	1,320,434.	13,692.
<b>17</b> Travel .....	2,498,573.	2,153,065.	345,369.	139.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	2,141,990.	2,091,812.	50,166.	12.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,338,442.	873,799.	463,083.	1,560.
<b>23</b> Insurance .....	288,081.	88,328.	199,731.	22.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> LABORATORY SUPPLIES	1,087,699.	1,087,678.	21.	
<b>b</b> PRINTING & PUBLICATIONS	346,258.	287,944.	54,727.	3,587.
<b>c</b> DUES, FEES AND OTHER	293,948.	209,926.	70,294.	13,728.
<b>d</b> _____				
<b>e</b> All other expenses _____	13,420,269.	13,403,527.	16,742.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	79,500,577.	62,738,655.	16,617,168.	144,754.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	22,731,857.	<b>1</b>	18,756,158.
	<b>2</b> Savings and temporary cash investments .....	357,281.	<b>2</b>	4,764,312.
	<b>3</b> Pledges and grants receivable, net .....	13,284,138.	<b>3</b>	10,379,476.
	<b>4</b> Accounts receivable, net .....	1,302,883.	<b>4</b>	1,392,955.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	2,391,533.	<b>8</b>	1,191,904.
	<b>9</b> Prepaid expenses and deferred charges .....	1,237,210.	<b>9</b>	1,646,331.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 34,926,988.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 28,673,584.		
	<b>11</b> Investments - publicly traded securities .....	7,349,987.	<b>10c</b>	6,253,404.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	107,018,707.	<b>11</b>	114,947,690.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,404,065.	<b>12</b>	2,990,961.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	20,158,967.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	178,236,628.	<b>15</b>	14,830,867.	
		<b>16</b>	177,154,058.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,637,464.	<b>17</b>	8,166,747.
	<b>18</b> Grants payable .....	0.	<b>18</b>	1,307.
	<b>19</b> Deferred revenue .....	14,578,745.	<b>19</b>	14,926,297.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	27,805,379.	<b>25</b>	21,547,696.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	50,021,588.	<b>26</b>	44,642,047.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	109,698,092.	<b>27</b>	110,253,454.
	<b>28</b> Net assets with donor restrictions .....	18,516,948.	<b>28</b>	22,258,557.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	128,215,040.	<b>32</b>	132,512,011.
	<b>33</b> Total liabilities and net assets/fund balances .....	178,236,628.	<b>33</b>	177,154,058.

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	67,206,599.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	79,500,577.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-12,293,978.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	128,215,040.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	15,426,478.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	1,164,471.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	132,512,011.

**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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

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**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	54,165,671.	43,773,373.	44,753,562.	48,669,929.	47,742,809.	239,105,344.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	54,165,671.	43,773,373.	44,753,562.	48,669,929.	47,742,809.	239,105,344.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						19,843,441.
<b>6 Public support.</b> Subtract line 5 from line 4.						219,261,903.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	54,165,671.	43,773,373.	44,753,562.	48,669,929.	47,742,809.	239,105,344.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	26,698,187.	5,907,118.	7,838,002.	7,389,074.	19,297,453.	67,129,834.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	34,110.	12,715.	18,350.	57,939.	2,590,912.	2,714,026.
<b>11 Total support.</b> Add lines 7 through 10						308,949,204.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	477,969.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	70.97 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	72.02 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

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

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**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

2019 AMOUNT: \$ 34,110.

2020 AMOUNT: \$ 12,715.

2021 AMOUNT: \$ 18,350.

2022 AMOUNT: \$ 57,939.

2023 AMOUNT: \$ 205,843.

SALES REVENUE

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 0.

2023 AMOUNT: \$ 2,385,069.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

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).

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

Schedule B (Form 990) (2023)

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/>	\$ 9,723,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,166,178.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,901,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,146,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 2,045,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 2,035,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>THE POPULATION COUNCIL, INC.</b>	<b>Employer identification number</b>  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/>	\$ 1,874,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,450,699.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,420,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,192,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 1,068,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<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.)

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

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

**2023**

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](http://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 <b>THE POPULATION COUNCIL, INC.</b>	Employer identification number <b>13-1687001</b>
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**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-.

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....	79,355,823.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	79,355,823.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%; text-align: left;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

**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>			
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> 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 expenditures next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>

**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.

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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

2023

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions 3-9 regarding modifications, states, monitoring, expenses, and reporting requirements.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a and 1b regarding reporting requirements for art and historical treasures, and question 2 regarding financial gain reporting.

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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 in 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	112,454,220.	134,129,886.	128,366,267.	128,976,048.	102,580,845.
b Contributions	1,000.	1,000.	1,000.	3,000.	20,000,000.
c Net investment earnings, gains, and losses	18,079,545.	-12,878,704.	17,346,495.	9,723,063.	19,305,001.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,982,299.	8,683,477.	11,473,799.	10,266,962.	12,806,263.
f Administrative expenses	105,075.	114,485.	110,077.	68,882.	103,535.
g End of year balance	126,447,391.	112,454,220.	134,129,886.	128,366,267.	128,976,048.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 86.3000 %
  - b Permanent endowment 4.3400 %
  - c Term endowment 9.3600 %
- 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?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,877,488.	17,310,150.	3,567,338.
d Equipment		12,930,159.	10,381,050.	2,549,109.
e Other		1,119,341.	982,384.	136,957.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,253,404.



**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**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) RIGHT OF USE ASSET	14,830,867.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	14,830,867.

**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) LEASE LIABILITIES	17,943,729.
(3) POSTRETIREMENT MED BEN PAYABLE	3,603,967.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	21,547,696.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	81,786,621.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	15,426,478.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	15,426,478.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	66,360,143.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	350,013.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	496,443.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	846,456.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	67,206,599.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	79,150,564.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	79,150,564.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	350,013.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	350,013.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	79,500,577.

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

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

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

PART X, LINE 2:

UNCERTAIN TAX POSITIONS

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 2023 OR 2022.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FOREIGN CURRENCY EXCHANGE 496,443.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization  THE POPULATION COUNCIL, INC.	Employer identification number  13-1687001
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	1	9	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	883,924.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	5	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	1,302,698.
MIDDLE EAST AND NORTH AFRICA	1	14	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	964,173.
NORTH AMERICA	1	2	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	513,321.
SOUTH ASIA	6	132	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	7,752,943.
SUB-SAHARAN AFRICA	8	116	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	16,116,679.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		40,617.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		336,496.
<b>3 a</b> Subtotal .....	17	278			27,910,851.
<b>b</b> Total from continuation sheets to Part I .....	0	0			3,741,743.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	17	278			31,652,594.

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

Schedule F (Form 990) 2023

**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		48,429.
SOUTH ASIA	0	0	GRANTMAKING		233,072.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		889,604.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT		2,570,638.
<b>Totals</b> .....					3,741,743.

**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	36,404.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BIOMEDICAL RESEARCH	252,582.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	43,470.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	32,558.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	7,886.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	SOCIAL & BEH. SCIENCE	51,290.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	170,474.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	43,501.	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 ..... 12

3 Enter total number of other organizations or entities ..... 9

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	13,377.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	5,720.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	8,970.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	236,071.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	115,344.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	113,548.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	65,434.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	67,304.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	64,626.	WIRE TRANSFER	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	20,104.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	30,287.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	12,575.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	119,761.	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 the 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 the 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 the 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 the 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 the 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 the 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

CONTRACTS ARE AN IMPORTANT MEANS THROUGH WHICH THE COUNCIL CONDUCTS

RESEARCH, TRANSFERS TECHNOLOGY, AND STRENGTHENS INSTITUTIONAL POLICY

WITHIN THE POPULATION FIELD. SUBRECIPIENTS WILL SUBMIT PROPOSALS TO THE

COUNCIL THAT ARE REVIEWED BY PROGRAMMATIC STAFF TO MAKE CERTAIN THE TYPE

OF STUDY THE INSTITUTION OR INDIVIDUAL IS CONDUCTING FURTHERS THE

ACTIVITIES OF THE COUNCIL. IN ACCORDANCE WITH COUNCIL PROCEDURES,

GRANTING OF A SUBAWARD 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 SUBRECIPIENT AND THE

POPULATION COUNCIL SIGN THE SUBAGREEMENT, WHICH SPECIFIES REQUIRED DONOR

PROVISIONS, PROGRAMMATIC REPORTING REQUIREMENTS, AND A DISBURSEMENT

SCHEDULE. PROGRAMMATIC STAFF WILL REVIEW PROJECT SUBSTANTIVE REPORTS AND

MAY PERIODICALLY MAKE SITE VISITS, AS NEEDED . FINANCIAL AND

ADMINISTRATIVE STAFF WILL REVIEW PERIODIC FINANCIAL REPORTS AND

COORDINATE WITH PROJECT STAFF BEFORE FURTHER PAYMENTS ARE DISBURSED.

PART II, LINE 1 (ACCOUNTING METHOD):

SCHEDULE F, PART II EXCLUDES GRANTS AND OTHER ASSISTANCE TO

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

IN AGGREGATE TOTAL \$5,319 AND ALSO EXCLUDES RETURNED GRANTS AND OTHER

ASSISTANCE TO ORGANIZATIONS OR ENTITIES OUTSIDE THE UNITED STATES THAT

IN AGGREGATE TOTAL \$2,861.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

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
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	83-0621846	501(C)(3)	29,633.	0.	CASH		BIOMEDICAL RESEARCH
AVENIR HEALTH 41-A NEW LONDON TURNPIKE GLASTONBURY, CT 06033	20-4816286	501(C)(3)	140,872.	0.	CASH		SOCIAL & BEHAVIORAL SCIENCE
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	20,107.	0.	CASH		BIOMEDICAL RESEARCH
CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	30,037.	0.	CASH		BIOMEDICAL RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	137,005.	0.	CASH		BIOMEDICAL RESEARCH
HENRY M. JACKSON FOUNDATION 6720A ROCKLEDGE DRIVE, SUITE 100 BETHESDA, MD 20817	52-1317896	501(C)(3)	19,218.	0.	CASH		BIOMEDICAL RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 14.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

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

Schedule I (Form 990) 2023

**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)	22,508.	0.	CASH		SOCIAL & BEHAVIORAL SCIENCE
LOUISIANA STATE UNIVERSITY 433 BOLIVAR STREET NEW ORLEANS, LA 70112	72-6000848	501(C)(3)	14,500.	0.	CASH		BIOMEDICAL RESEARCH
OAK CREST INSTITUTE OF SCIENCE 132 WEST CHESTNUT AVENUE MONROVIA, CA 91016	95-4680961	501(C)(3)	191,174.	0.	CASH		BIOMEDICAL RESEARCH
PATH 2201 WESTLAKE AVENUE, SUITE 200 SEATTLE, WA 98121	91-1157127	501(C)(3)	14,309.	0.	CASH		BIOMEDICAL RESEARCH
POPULATION REFERENCE BUREAU 1875 CONNECTICUT AVE NW WASHINGTON, DC 20009	53-0214030	501(C)(3)	115,698.	0.	CASH		SOCIAL & BEHAVIORAL SCIENCE
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY SEATTLE, WA 98105	91-0564748	501(C)(3)	70,188.	0.	CASH		BIOMEDICAL RESEARCH
TULANE UNIVERSITY 1430 TULANE AVENUE, EP-15 NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	1,300,902.	0.	CASH		SOCIAL & BEHAVIORAL SCIENCE; BIOMEDICAL RESEARCH
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	110,100.	0.	CASH		SOCIAL & BEHAVIORAL SCIENCE

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BIOMEDICAL RESEARCH	8	286,373.	0.		
SOCIAL AND BEHAVIORAL SCIENCE	2	118,782.	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. SUBRECIPIENTS WILL SUBMIT PROPOSALS TO THE COUNCIL THAT

ARE REVIEWED BY PROGRAMMATIC STAFF TO MAKE CERTAIN THE TYPE OF STUDY THE

INSTITUTION OR INDIVIDUAL IS CONDUCTING FURTHERS THE ACTIVITIES OF THE

COUNCIL. IN ACCORDANCE WITH COUNCIL PROCEDURES, GRANTING OF A SUBAWARD

**Part IV Supplemental Information**

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 SUBRECIPIENT AND THE POPULATION COUNCIL SIGN THE SUBAGREEMENT,

WHICH SPECIFIES REQUIRED DONOR PROVISIONS, PROGRAMMATIC REPORTING

REQUIREMENTS, AND A DISBURSEMENT SCHEDULE. PROGRAMMATIC STAFF WILL REVIEW

PROJECT SUBSTANTIVE REPORTS AND MAY PERIODICALLY MAKE SITE VISITS, AS

NEEDED. FINANCIAL AND ADMINISTRATIVE STAFF WILL REVIEW PERIODIC FINANCIAL

REPORTS AND COORDINATE WITH PROJECT STAFF BEFORE FURTHER PAYMENTS ARE

DISBURSED.

Multiple horizontal lines for supplemental information.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE POPULATION COUNCIL, INC.

Employer identification number

13-1687001

**Part I Questions Regarding Compensation**

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

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" 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
<b>1b</b>	X	
<b>2</b>		X
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**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 (THRU 07/23)	(i)	280,992.	0.	202,855.	24,000.	467.	508,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRID T. DEVLIN CHIEF SCIENTIFIC OFFICER, CBR	(i)	406,505.	0.	966.	24,000.	37,945.	469,416.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES E. SAILER INT CO-PRES, EXEC DIR, CTR FOR BIO	(i)	339,040.	0.	30,306.	24,000.	22,369.	415,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TONY DUTSON VP, CORPORATE FINANCE & ADMIN	(i)	297,450.	0.	61,806.	24,000.	16,207.	399,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PATRICIA C. VAUGHAN INT CO-PRES, SEC., GEN COUNSEL	(i)	322,516.	0.	25,272.	24,000.	15,965.	387,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LISA HADDAD MEDICAL DIRECTOR	(i)	296,356.	0.	630.	24,000.	37,648.	358,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) THOAI D. NGO VICE PRESIDENT, SBSR	(i)	288,216.	0.	22,920.	24,000.	11,730.	346,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANNABEL ERULKAR SENIOR ASSOCIATE	(i)	189,538.	0.	71,514.	22,626.	39,139.	322,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HARRIET BIRUNGI VP, INTERNATIONAL PROGRAMS	(i)	261,843.	0.	8,942.	0.	49,472.	320,257.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JEREMY NUTTALL SR DIRECTOR, PRECLINICAL SCIENCES	(i)	259,401.	0.	1,806.	24,000.	31,102.	316,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRUCE VARIANO SENIOR SCIENTIST & DIRECTOR OF CMC	(i)	183,397.	0.	69,334.	23,090.	26,513.	302,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 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. (THIS BENEFIT

DISCONTINUED 31 MARCH 2023)

HOUSING ALLOWANCE

A TAXABLE HOUSING ALLOWANCE IS APPROVED BY THE BOARD OF TRUSTEES AS PART OF

TONY DUTSON'S COMPENSATION PACKAGE, THE ALLOWANCE IS AUTHORIZED IN THE

MONTHLY AMOUNT OF \$3,500 AND STARTED ON JANUARY 19, 2022. AS THIS IS A SET

AMOUNT PAYABLE FOR SELF-ARRANGED HOUSING, IT DOES NOT REQUIRE

SUBSTANTIATION PRIOR TO PAYMENT.

PART I, LINE 4A:

DURING THE YEAR JULIA BUNTING THRING RECEIVED A SEVERANCE PAYMENT OF

\$163,653. THIS PAYMENT IS REPORTED AS OTHER REPORTABLE COMPENSATION ON PART

II, COLUMN B (III).

**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.

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 MAY BE

TAXABLE IN A FOREIGN JURISDICTION. PROVISION OF HOUSING ALLOWANCE AND

DEPENDENT EDUCATION ALLOWANCE WAS DISCONTINUED BY THE END OF THE SECOND

QUARTER OF 2023.

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

AND SECURITY SERVICES BENEFITS UNDER THIS POLICY TOTALING \$5,390, HOME

LEAVE TOTALING \$1,391 AND ALSO RECEIVED DEPENDENT EDUCATION ALLOWANCE

TOTALING \$2,162.

**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 AND SECURITY SERVICES UNDER THIS POLICY TOTALING \$25,488,

HOME LEAVE TOTALING \$1,586 AND ALSO RECEIVED REIMBURSEMENT FOR LOCAL

TAXES TOTALING \$17,133.

THE COUNCIL'S POLICIES INCLUDE PROVIDING EMPLOYEES WITH EMPLOYER

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

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

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

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

CONTRIBUTION 403(B) ACCOUNTS PREVENT THESE EMPLOYER CONTRIBUTIONS FROM

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

THE COUNCIL PROVIDES AN AMOUNT EQUIVALENT TO THE EMPLOYER CONTRIBUTIONS

DIRECTLY TO THE COUNCIL'S FOREIGN EMPLOYEES AND IS REPORTING THIS

AMOUNT AS OTHER REPORTABLE COMPENSATION. HARRIET BIRUNGI, OFFICER,

RECEIVED \$24,000 AS RETIREMENT ALLOWANCE.

AS A RESULT OF THE DEPARTURE OF PRESIDENT JULIA BUNTING IN JULY 2023,

**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.

THE BOARD OF TRUSTEES APPOINTED A SEARCH COMMITTEE AND HIRED AN

EXECUTIVE SEARCH FIRM TO RECRUIT FOR THE PRESIDENT ROLE. THE BOARD OF

TRUSTEES APPOINTED TWO INTERIM CO-PRESIDENTS DURING THIS PERIOD.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

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 ASSIST

POLICYMAKERS IN FORMULATING, LAUNCHING, AND EXPANDING EVIDENCE-INFORMED

PROGRAMS AND POLICIES. 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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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THE COUNCIL'S BIOMEDICAL LABORATORIES AT THE CENTER FOR BIOMEDICAL 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 MULTIPURPOSE PREVENTION TECHNOLOGIES. CBR IS DEVELOPING NEXT GENERATION CONTRACEPTIVES AND DELIVERY SYSTEMS, INCLUDING RINGS, GELS, TABLETS, AND 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 TESTS 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.

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. WE COLLABORATE WITH LOCALLY-ROOTED ORGANIZATIONS, FEMINISTS, COMMUNITIES, AND GOVERNMENTS



Name of the organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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TO CONDUCT RESEARCH TO ADVANCE GENDER EQUITY BY TACKLING SOCIAL SYSTEMS AND POLICIES THAT PERPETUATE GENDER DISCRIMINATION, VIOLENCE, AND SYSTEMIC NEGLECT.

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 HAS 350 STAFF FROM A DIVERSE RANGE OF PROFESSIONAL, EDUCATIONAL, AND CULTURAL BACKGROUNDS. 55 PERCENT ARE BASED OUTSIDE OF THE UNITED STATES. COUNCIL STAFF MEMBERS CONDUCT RESEARCH AND PROGRAMS IN MORE THAN 30 COUNTRIES.

Name of the organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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RESEARCH, TECHNICAL ASSISTANCE, AND CAPACITY STRENGTHENING ARE CARRIED OUT BY THE POPULATION COUNCIL'S U.S. AND INTERNATIONAL OFFICES. HEADQUARTERS AND THE COUNCIL'S CENTER FOR BIOMEDICAL RESEARCH ARE LOCATED IN NEW YORK CITY. WE MAINTAIN AN OFFICE IN WASHINGTON, DC, AND AN INTERNATIONAL PRESENCE IN 17 OFFICES IN 13 COUNTRIES IN AFRICA, ASIA, AND LATIN AMERICA.

THE POPULATION COUNCIL IS GOVERNED BY AN INTERNATIONAL BOARD OF 16 TRUSTEES WHO BRING EXPERTISE IN AREAS INCLUDING SEXUAL AND REPRODUCTIVE HEALTH, BIOMEDICAL RESEARCH, EDUCATION, CLIMATE CHANGE, COMMUNICATIONS, INTERNATIONAL LAW, FINANCE, INVESTMENT, AND MANAGEMENT.

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

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:  
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 SOCIAL NORMS AND POWER IMBALANCES THAT UNDERLIE HARMFUL PRACTICES

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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.

PURSUE JUSTICE IN THE FACE OF CLIMATE AND ENVIRONMENTAL CHANGES: THE  
 POPULATION COUNCIL'S INITIATIVE ON POPULATION, ENVIRONMENTAL RISKS, AND  
 THE CLIMATE CRISIS (PERCC) CONDUCTS RIGOROUS, INNOVATIVE,  
 CROSS-DISCIPLINARY SOCIAL SCIENCE RESEARCH; BUILDS PUBLICLY ACCESSIBLE  
 DATASETS, TOOLS, AND MODELS; AND UTILIZES OUR FINDINGS AND INSIGHTS TO  
 HELP SHAPE CLIMATE ADAPTATION POLICY AT EVERY LEVEL, FROM  
 MUNICIPALITIES TO NATIONAL STRATEGIES AND UNITED NATIONS AGENCIES. THE  
 COUNCIL'S APPROACH IS UNDERPINNED BY A CLIMATE JUSTICE LENS,  
 ACKNOWLEDGING THAT THOSE WHO CONTRIBUTE THE LEAST TO CLIMATE CHANGE ARE  
 DISPROPORTIONATELY HARMED.

2023 KEY ACCOMPLISHMENTS: ENSURE SEXUAL AND REPRODUCTIVE HEALTH,  
 RIGHTS, AND CHOICES:  
 AFTER SIX YEARS OF EXTENSIVE RESEARCH ON SOCIAL AND BEHAVIOR CHANGE  
 (SBC) ACROSS 60 STUDIES IN 19 COUNTRIES, THE POPULATION COUNCIL-LED  
 USAID GLOBAL FLAGSHIP BREAKTHROUGH RESEARCH PROJECT CONCLUDED WITH FOUR  
 LEGACY AREAS PROVIDER BEHAVIOR CHANGE, ENABLING ENVIRONMENT, SBC  
 MEASUREMENTS, AND COSTING AND COST-EFFECTIVENESS TO GUIDE GLOBAL SBC  
 PROGRAMS, AIMING TO ENHANCE A BROAD SPECTRUM OF HEALTH OUTCOMES.

DRAWING ON EXPERIENCE IN LOW- AND MIDDLE-INCOME COUNTRIES (LMICS), THE  
 POPULATION COUNCIL IS BROADENING COLLABORATION WITH U.S. PARTNERS TO

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REDUCE STIGMA AND SUPPORT MENTAL HEALTH AMONG BLACK SEXUAL MINORITY MEN  
 AND TO PIONEER A COMMUNITY-BASED AND A PHARMACY-BASED PREP INTERVENTION  
 AIMED AT BOOSTING PREP UPTAKE AMONG BLACK ADULTS IN WASHINGTON, D.C.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

- WITH CELANESE CORPORATION, THE POPULATION COUNCIL WILL SUPPLY THE  
 VITALDOSE DRUG DELIVERY PLATFORM FOR USE IN A NEW MULTIPURPOSE  
 PREVENTION TECHNOLOGY (MPT) INTRAVAGINAL RING (IVR) TO PROVIDE BOTH  
 CONTRACEPTION AND PROTECTION AGAINST HIV. CBR CONTINUES TO EXPAND MPT  
 DEVELOPMENT FOR PROTECTION AGAINST SEXUALLY TRANSMITTED INFECTIONS AND  
 PREGNANCY WITH AN INVESTMENT FROM THE GERMAN FEDERAL MINISTRY OF  
 EDUCATION AND RESEARCH THROUGH THE KFW DEVELOPMENT BANK.

- JOINING FORCES WITH SWIFTPHARMA, THE COUNCIL SIGNED AN AGREEMENT FOR  
 THE PLANT-BASED MANUFACTURE OF GRIFFITHSIN TO FURTHER THE DEVELOPMENT  
 OF A FAST-DISSOLVING VAGINAL INSERT FOR PROTECTION AGAINST HIV.

EMPOWER ADOLESCENTS AND YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL:  
 THE POPULATION COUNCIL'S GIRL INNOVATION, RESEARCH, AND LEARNING (GIRL)  
 CENTER CONTINUES TO PRODUCE ACCESSIBLE AND EASY-TO-GRASP DATA AND  
 INSIGHTS THAT BRIDGE THE GAP BETWEEN DECISION-MAKERS AND EVIDENCE TO  
 INFORM POLICIES AND PROGRAMS. THE ADOLESCENT ATLAS FOR ACTION (A3)  
 CAPTURES THE LIVES AND NEEDS OF ADOLESCENTS THROUGH MULTIDIMENSIONAL  
 DATA ANALYTICS. A3 LAUNCHED THE ADOLESCENT AND YOUNG PEOPLE (AYP)  
 MIGRATION DASHBOARD, OFFERING A COMPREHENSIVE VIEW OF YOUNG MIGRANTS  
 WORLDWIDE. THIS DASHBOARD REVEALS THE PROPORTION OF MIGRANTS BY  
 COUNTRY, PROFILES THEIR EXPERIENCES, AND DELVES INTO THE MYRIAD FACTORS  
 INFLUENCING MIGRATION PATTERNS ACROSS 30 COUNTRIES.

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THE POPULATION COUNCIL IS EXPANDING OPPORTUNITIES FOR ADOLESCENT GIRLS AND YOUNG WOMEN IN NEGLECTED REGIONS. THROUGH THE SWEDD INITIATIVE (THE SAHEL WOMEN'S EMPOWERMENT AND DEMOGRAPHIC DIVIDEND PROJECT), OUR RESEARCHERS PROVIDE TECHNICAL ASSISTANCE FOR SECOND-PHASE EXPANSION OF EMPOWERMENT PROGRAMMING IN NINE COUNTRIES: BENIN, BURKINA FASO, CAMEROON, CHAD, CTE D'IVOIRE, GUINEA, MALI, MAURITANIA, AND NIGER. SWEDD'S MISSION IS TO IMPROVE LIFE SKILLS AND SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE, KEEP GIRLS IN SCHOOL, INCREASE ECONOMIC OPPORTUNITIES, AND COMBAT GENDER-BASED VIOLENCE.

THE COUNCIL IS SCALING UP ITS MULTISECTORAL GIRLS' EMPOWERMENT PROGRAMS, WHICH HAVE SHOWN SIGNIFICANT REDUCTIONS IN EARLY PREGNANCIES AND IMPROVEMENTS IN SCHOOL ENROLLMENT. IN PARTNERSHIP WITH KENYA'S WAJIR COUNTY GOVERNMENT, THE COUNCIL IS CUSTOMIZING THIS EFFECTIVE APPROACH FOR GOVERNMENT IMPLEMENTATION. THE COUNCIL'S AIM IS TO EXTEND THIS MODEL THROUGHOUT KENYA AND OTHER SETTINGS WITH HIGH RATES OF EARLY MARRIAGE AND PREGNANCY, CREATING A BROADER IMPACT. A DOCUMENTARY FEATURES VOICES FROM GIRL PARTICIPANTS, PROGRAM IMPLEMENTERS, COMMUNITY LEADERS, AND RESEARCHERS ABOUT THE PROGRAM AND ITS POTENTIAL FOR SCALE.

ACHIEVE GENDER EQUALITY AND EQUITY:

THE COUNCIL LAUNCHED A NEW GLOBAL INNOVATION HUB FOR RESEARCH ON EDUCATION THE GENDER, EDUCATION, JUSTICE, AND EQUITY INITIATIVE (GEJE). GEJE TACKLES THE GLOBAL EDUCATION CRISIS BY GENERATING THE DATA AND INSIGHTS ON THE RIPPLE EFFECTS OF EDUCATION, UNPACKING HOW PROGRESS IN EDUCATION CAN TRANSLATE INTO ECONOMIC AND SOCIAL EQUITY, AND IDENTIFYING PROGRAMS THAT ARE WORKING TO ELIMINATE INEQUITY AND

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INJUSTICE. IN ADDITION, THE EVIDENCE FOR GENDER AND EDUCATION RESOURCE (EGER) RELEASED THE GLOBAL ACCOUNTABILITY DASHBOARD TO MONITOR PROGRESS AND HIGHLIGHT GAPS FOR KEY INDICATORS IN GENDER TRANSFORMATIVE EDUCATION TO PROPEL ACTION.

IN INDIA, THE POPULATION COUNCIL RIGOROUSLY EVALUATED WHETHER AND HOW A BROAD RANGE OF INTERVENTIONS LED BY WOMEN'S SELF-HELP GROUPS CAN LEAD TO POSITIVE BEHAVIOR CHANGE AND ACCESS TO SERVICES IN REPRODUCTIVE, MATERNAL, NEWBORN, AND CHILD HEALTH, AND IN NUTRITION. DRAWING FROM GLOBAL EVIDENCE ON WOMEN'S GROUPS, COUNCIL RESEARCHERS PRODUCED TOOLS TO GUIDE GLOBAL INVESTMENT IN THIS MODEL ACROSS SETTINGS.

THE COUNCIL ELEVATES DATA VISIBILITY OF SEXUAL AND GENDER MINORITY COMMUNITIES THROUGH COMMUNITY-BASED PARTICIPATORY RESEARCH. THE OUR HEALTH MATTERS STUDY, LED BY A LOCAL INDIAN TRANSMASCULINE STEERING COMMITTEE, INFORMS POLICY AND PROGRAM DEVELOPMENT FOR TRANSMASCULINE HEALTH.

PURSUE JUSTICE IN THE FACE OF CLIMATE AND ENVIRONMENTAL CHANGES: AHEAD OF NEW YORK CITY CLIMATE WEEK AND THE UNITED NATIONS CLIMATE CHANGE CONFERENCE (COP28), THE COUNCIL ANNOUNCED THE POPULATION, ENVIRONMENTAL RISKS, AND THE CLIMATE CRISIS (PERCC) INITIATIVE'S NEW STRATEGIC PRIORITIES FOR EFFECTIVE CLIMATE ADAPTATION. BUILDING ON ITS SUCCESSES, PERCC IS SHARPENING ITS FOCUS ON GROWING THE EVIDENCE BASE AND ADVANCING SOLUTIONS AT THE INTERSECTIONS OF CLIMATE AND (1) HEALTH, (2) ADOLESCENTS AND YOUTH PEOPLE, AND (3) URBANIZATION. FOR EXAMPLE, THE COUNCIL'S VOCES-19 SURVEY REACHED 168,407 YOUNG PEOPLE IN MEXICO AND FOUND THAT EXPOSURE TO ANY CLIMATE EVENT, PARTICULARLY HEAT WAVES,

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INCREASED REPORTED MENTAL HEALTH DISORDERS.

AT COP28, PERCC RESEARCHERS AND COLLABORATORS SHARED NEW FINDINGS ON HOW CLIMATE CHANGE IS AFFECTING THE EDUCATION, LIVELIHOODS, AND HEALTH OF YOUNG PEOPLE IN BANGLADESH, GUATEMALA, AND NIGERIA.

IN 2023, PERCC INTRODUCED THE INNOVATIVE MODELS OF PEOPLE AND CLIMATE ACROSS TIME AND SPACE (IMPACTS) PROJECT. IMPACTS CREATES PRECISE DEMOGRAPHIC PROJECTIONS THAT CAN BE INTEGRATED WITH CLIMATE AND ENERGY MODELS TO FORECAST THE INTERPLAY BETWEEN CLIMATE CHANGE AND POPULATION DYNAMICS. IMPACTS PINPOINTS REGIONS WHERE CLIMATE RISKS AND VULNERABLE POPULATIONS INTERSECT, SHAPING CLIMATE ADAPTATION STRATEGIES AND POLICIES. A NOTABLE EXAMPLE IS PERCC'S COLLABORATION WITH THE CITY OF NEW YORK MAYOR'S OFFICE OF CLIMATE RESILIENCY, FOCUSING ON PREDICTING FUTURE FLOOD AND HEAT RISKS IN THE CONTEXT OF DEMOGRAPHIC SHIFTS AND VULNERABLE COMMUNITIES.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:  
THE COUNCIL PUBLISHES TWO OF THE FIELD'S LEADING SCHOLARLY, PEER-REVIEWED JOURNALS: POPULATION AND DEVELOPMENT REVIEW AND STUDIES IN FAMILY PLANNING. BOTH 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 2023, THE POPULATION COUNCIL PUBLISHED 217 PEER-REVIEWED ARTICLES AND HAD OVER 476 CITATIONS. OUR PUBLISHED

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REPORTS, WORKING PAPERS, AND TOOLS WERE DOWNLOADED MORE THAN 278,937

TIMES FOR USE BY VISITORS FROM OUR INTERNATIONAL REPOSITORY. COUNCIL

STAFF MEMBERS DISSEMINATE INFORMATION THROUGH VARIOUS DIGITAL

PLATFORMS, INCLUDING THE COUNCIL'S OPEN-SOURCE REPOSITORY AT

HTTPS://KNOWLEDGECOMMONS.POPCOUNCIL.ORG/, CURRENTLY FEATURING MORE THAN

6,500 PUBLICATIONS, ARTICLES, AND OTHER RESOURCES.

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

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, EGYPT, ETHIOPIA, GHANA,

GUATEMALA, INDIA, KENYA, MEXICO,

NIGERIA, PAKISTAN, SENEGAL, SOUTH AFRICA,

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. COMPENSATION REVIEWS ARE CONDUCTED ANNUALLY IN OCTOBER/NOVEMBER.

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 IX, LINE 11G, OTHER FEES:

CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	2,211,331.
MANAGEMENT AND GENERAL EXPENSES	536,952.
FUNDRAISING EXPENSES	1.
TOTAL EXPENSES	2,748,284.

BIOMEDICAL RESEARCH FEES:

PROGRAM SERVICE EXPENSES	3,422,019.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,422,019.

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PROGRAM PERSONNEL:

PROGRAM SERVICE EXPENSES	829,561.
MANAGEMENT AND GENERAL EXPENSES	941.
FUNDRAISING EXPENSES	3.
TOTAL EXPENSES	830,505.

ALL OTHER FEES:

PROGRAM SERVICE EXPENSES	2,069,092.
MANAGEMENT AND GENERAL EXPENSES	290,323.
FUNDRAISING EXPENSES	21,655.
TOTAL EXPENSES	2,381,070.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	9,381,878.

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

INHERENT CONTRIBUTIONS	1,022,063.
POST RETIREMENT CHANGES OTHER THAN SERVICE COST	281,241.
GAIN/LOSS ON LEASE OBLIGATION	-21,170.
PENSION AND OTHER RETIREMENT CHANGES OTHER THAN NET	
PERIODIC BENEFIT COST	-241,072.
FOREIGN CURRENCY EXCHANGE	123,409.
TOTAL TO FORM 990, PART XI, LINE 9	1,164,471.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
POPULATION COUNCIL KENYA - 98-1507845 ROSE AVENUE, AVENUE 5, 3RD FL. NAIROBI, KENYA	REPRO. HEALTH	KENYA	3,325,426.	3,198,467.	POP. COUNCIL
POPULATION CENTER PAKISTAN - 98-1513527 ST #37, BELLA ROAD, SEC G-10 ISLAMABAD, PAKISTAN	REPRO. HEALTH	PAKISTAN	0.	31,209.	POP. COUNCIL
POPULATION COUNCIL CONSULT. PRIVATE LTD - 98-1508082, B-2 LOWER GROUND FL, JUNG PURA, NEW DELHI, INDIA 110014	REPRO. HEALTH	INDIA	2,459,800.	3,832,213.	POP. COUNCIL
POPULATION COUNCIL INSTITUTE - 98-1513527 B-2 LOWER GROUND FL JUNG PURA, NEW DELHI, INDIA 110014	REPRO. HEALTH	INDIA	230,867.	414,171.	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) 2023



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





