

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

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: THE POPULATION COUNCIL, INC.
D Employer identification number: 13-1687001
E Telephone number: (212) 339-0500
G Gross receipts \$: 126,011,933.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.POPCOUNCIL.ORG
K Form of organization: Corporation
L Year of formation: 1952
M State of legal domicile: NY

Part I Summary

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

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Sign Here: TONY DUTSON, VP, CORPORATE FINANCE & ADMIN.
Paid Preparer: DANIEL ROMANO, GRANT THORNTON ADVISORS LLC

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**

OMB No. 1545-0047

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>	Name of exempt organization, employer, or other filer, see instructions.  THE POPULATION COUNCIL, INC.	Taxpayer identification number (TIN)  13-1687001
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. ONE DAG HAMMARSKJOLD PLAZA, 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	Form 990-T (governmental entities)	15

• 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 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 24 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.**

Form **8868** (Rev. 1-2025)

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 \$ 25,292,326. including grants of \$ 1,708,618. ) (Revenue \$ ) ENSURE SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND CHOICES: THE POPULATION COUNCIL TACKLES INTERSECTING INEQUALITIES THAT UNDERMINE RIGHTS AND ACCESS TO COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH CARE. OUR RESEARCH AND PARTNERSHIPS ENSURE HIGH QUALITY, VOLUNTARY, AND RIGHTS-BASED COMPREHENSIVE CARE. FOR MORE INFORMATION SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 24,084,819. including grants of \$ 1,556,159. ) (Revenue \$ ) DEVELOPING INNOVATIVE CONTRACEPTIVE, HIV PREVENTION, AND MULTIPURPOSE PREVENTION PRODUCTS: - SIGNING AN OPTION-TO-LICENSE AGREEMENT WITH CONTRALINE FOR THE NESTORONE/TESTOSTERONE MALE CONTRACEPTIVE GEL, THE FIRST MALE CONTRACEPTIVE TO REACH LATE-STAGE DEVELOPMENT. FOR MORE INFORMATION SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 288,245. including grants of \$ ) (Revenue \$ 180,266. ) 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 DIGITAL REPOSITORY AND WEBSITE. FOR MORE INFORMATION SEE SCHEDULE O.

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

4e Total program service expenses 49,665,390.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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 3 columns: Question/Description, Yes, No. Rows include 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b, 15, 16, 17.

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... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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

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? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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) BRID T. DEVLIN CHIEF SCIENTIFIC OFFICER, CBR	35.00 0.00					X		423,136.	0.	63,850.
(2) JAMES E. SAILER VICE PRESIDENT & EXEC DIRECTOR, CBR	35.00 0.00			X				376,787.	0.	67,507.
(3) ANTONY DUTSON VICE PRESIDENT, CF&A/CFO	35.00 0.00			X				396,353.	0.	41,381.
(4) PATRICIA C. VAUGHAN VP, GENERAL COUNSEL & SECRETARY	35.00 0.00			X				379,393.	0.	42,891.
(5) LISA HADDAD MEDICAL DIRECTOR	35.00 0.00					X		320,130.	0.	64,507.
(6) HARRIET BIRUNGI VP, INT'L PROGRAMS (THRU 04/24)	40.00 0.00			X				340,505.	0.	8,039.
(7) JEREMY NUTTALL SR DIRECTOR, PRECLINICAL SCIENCES	35.00 0.00					X		271,627.	0.	67,400.
(8) JULIA M. BUNTING THRING FORMER PRESIDENT	0.00 0.00						X	318,047.	0.	0.
(9) THOAI D. NGO VICE PRESIDENT, SBSR (THRU 10/24)	35.00 0.00			X				280,708.	0.	37,153.
(10) BRUCE VARIANO SR SCI. & DIR OF CMC	35.00 0.00					X		260,736.	0.	52,574.
(11) ANITA GARG SENIOR DIRECTOR	35.00 0.00					X		280,921.	0.	24,800.
(12) RANA A HAJJEH EL-KEBBI PRESIDENT (BEG 09/2024)	35.00 0.00	X		X				219,827.	0.	4,779.
(13) DARCY BRADBURY CHAIR OF THE BOARD	1.00 0.00	X						0.	0.	0.
(14) NYOVANI MADISE VICE CHAIR OF THE BOARD	1.00 0.00	X						0.	0.	0.
(15) JONATHAN KAGAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) EDITH ASIBEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) PAPE GAYE 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) MINA GEROWIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) WANDA OLSON TRUSTEE	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	1.00 0.00	X						0.	0.	0.
(26) INDRE ROCKEFELLER TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,868,170.	0.	474,881.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,868,170.	0.	474,881.

**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 80

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALTASCIENCES PRECLINICAL COLUMBIA, LLC 562 STATE ROAD DD, AUXVASSE, MT 65231	RESEARCH SERVICES	789,126.
FARMOVS (PTY) LTD, BLDG 80, BLK C ,DEKAAN ST, BLOEMFONTEIN, SOUTH AFRICA 9301	CLINICAL RESEARCH	323,619.
ARRIELLO IRELAND LIMITED, NO. 51, BRACKEN ROAD, SANDYFORD, DUBLIN, IRELAND D18CV48	GLOBAL PV (PHARMACOVIGILANCE) MAINTENANC	300,807.
GRANT THORNTON LLP, 3333 FINLEY RD SUITE 700, DOWNERS GROVE, IL 60515	AUDIT & TAX SERVICE	246,798.
MITHRA PHARMACEUTICALS CDMO S.A. RUE SAINT-GEORGES 5 ,B, LIEGE, BELGIUM 4000	ANALYTICAL SERVICES	176,437.

**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 16

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	18,952,443.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	22,851,471.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			41,803,914.			
<b>Program Service Revenue</b>	<b>2 a</b> PUBLICATIONS REVENUE .....	<b>Business Code</b>					
		513190		180,266.	180,266.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			180,266.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3,626,517.		3,626,517.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			3,405,172.		3,405,172.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	76,575,342.	80,075.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	72,141,385.	87,765.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	4,433,957.	-7,690.			
	<b>d</b> Net gain or (loss) .....			4,426,267.		4,426,267.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<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>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS REVENUE .....	<b>Business Code</b>					
		900099		340,647.		340,647.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			340,647.				
<b>12 Total revenue.</b> See instructions .....			53,782,783.	180,266.	0.	11,798,603.	

**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 ...	927,598.	927,598.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	337,594.	337,594.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,999,585.	1,999,585.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,195,323.	792,838.	1,402,485.	
<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 .....	23,073,812.	18,080,844.	4,959,229.	33,739.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,866,334.	1,393,977.	469,865.	2,492.
<b>9</b> Other employee benefits .....	4,274,816.	3,067,697.	1,200,116.	7,003.
<b>10</b> Payroll taxes .....	1,544,513.	1,153,607.	388,844.	2,062.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	525,938.	309,224.	216,699.	15.
<b>c</b> Accounting .....	397,122.	49,309.	347,803.	10.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	535,279.		535,279.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,591,354.	9,058,521.	509,707.	23,126.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	578,072.	415,902.	159,768.	2,402.
<b>14</b> Information technology .....	1,529,369.	356,226.	1,172,720.	423.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	4,452,549.	4,446,460.	6,089.	
<b>17</b> Travel .....	2,143,105.	1,727,955.	397,532.	17,618.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	3,056,191.	2,931,557.	123,418.	1,216.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,043,578.	800,938.	242,640.	
<b>23</b> Insurance .....	317,226.	137,203.	180,023.	
<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	940,496.	940,496.		
<b>b</b> DUES, FEES AND OTHER	676,206.	462,113.	201,886.	12,207.
<b>c</b> PRINTING & PUBLICATIONS	337,493.	251,154.	81,676.	4,663.
<b>d</b> _____				
<b>e</b> All other expenses _____	156,571.	24,592.	131,979.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	62,500,124.	49,665,390.	12,727,758.	106,976.
<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 .....	18,756,158.	<b>1</b>	11,847,658.
	<b>2</b> Savings and temporary cash investments .....	4,764,312.	<b>2</b>	6,105,722.
	<b>3</b> Pledges and grants receivable, net .....	10,379,476.	<b>3</b>	13,489,939.
	<b>4</b> Accounts receivable, net .....	1,392,955.	<b>4</b>	1,336,639.
	<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 .....	1,191,904.	<b>8</b>	3,187,896.
	<b>9</b> Prepaid expenses and deferred charges .....	1,646,331.	<b>9</b>	1,782,119.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 35,728,673.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 29,527,875.		
	<b>11</b> Investments - publicly traded securities .....	114,947,690.	<b>11</b>	113,947,554.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,990,961.	<b>12</b>	3,792,023.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	14,830,867.	<b>15</b>	20,215,672.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	177,154,058.	<b>16</b>	181,906,020.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,166,747.	<b>17</b>	9,168,834.
	<b>18</b> Grants payable .....	1,307.	<b>18</b>	738.
	<b>19</b> Deferred revenue .....	14,926,297.	<b>19</b>	16,562,624.
	<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 .....	21,547,696.	<b>25</b>	25,932,102.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	44,642,047.	<b>26</b>	51,664,298.
<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 .....	110,253,454.	<b>27</b>	106,819,644.
	<b>28</b> Net assets with donor restrictions .....	22,258,557.	<b>28</b>	23,422,078.
	<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 .....	132,512,011.	<b>32</b>	130,241,722.	
<b>33</b> Total liabilities and net assets/fund balances .....	177,154,058.	<b>33</b>	181,906,020.	

**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>	53,782,783.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	62,500,124.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-8,717,341.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	132,512,011.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,947,546.
<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>	499,506.
<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>	130,241,722.

**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	

Form **990** (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	43,773,373.	44,753,562.	48,669,929.	47,742,809.	41,803,914.	226,743,587.
<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 .....	43,773,373.	44,753,562.	48,669,929.	47,742,809.	41,803,914.	226,743,587.
<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) .....						21,607,486.
<b>6 Public support.</b> Subtract line 5 from line 4.						205,136,101.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	43,773,373.	44,753,562.	48,669,929.	47,742,809.	41,803,914.	226,743,587.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5,907,118.	7,838,002.	7,389,074.	19,297,453.	7,031,689.	47,463,336.
<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.) .....	12,715.	18,350.	57,939.	2,590,912.	340,647.	3,020,563.
<b>11 Total support.</b> Add lines 7 through 10						277,227,486.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	576,064.
<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 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.00	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	70.97	%
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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.

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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 (describe in <b>Part VI</b> ). 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 2024 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-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**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

2020 AMOUNT: \$ 12,715.  
 2021 AMOUNT: \$ 18,350.  
 2022 AMOUNT: \$ 57,939.  
 2023 AMOUNT: \$ 205,843.  
 2024 AMOUNT: \$ 340,647.

SALES REVENUE

2020 AMOUNT: \$ 0.  
 2021 AMOUNT: \$ 0.  
 2022 AMOUNT: \$ 0.  
 2023 AMOUNT: \$ 2,385,069.  
 2024 AMOUNT: \$ 0.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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

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) (Rev. 12-2024)

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/>	\$ 4,178,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 3,919,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 3,703,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,335,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 2,467,444.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 2,315,435.	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 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/>	\$ 2,203,359.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,210,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,027,983.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 1,000,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 876,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 865,420.	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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<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

**2024**

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses, and EINs 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 .....	62,393,148.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	62,393,148.													
<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%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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) 2024

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

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

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures.

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.

Blank lines for providing supplemental information.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

THE POPULATION COUNCIL, INC.

Employer identification number

13-1687001

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes     No

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

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

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

Yes     No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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	126,447,391.	112,454,220.	134,129,886.	128,366,267.	128,976,048.
b Contributions	0.	1,000.	1,000.	1,000.	3,000.
c Net investment earnings, gains, and losses	13,177,433.	18,079,545.	-12,878,704.	17,346,495.	9,723,063.
d Grants or scholarships					
e Other expenditures for facilities and programs	12,260,323.	3,982,299.	8,683,477.	11,473,799.	10,266,962.
f Administrative expenses	9,825.	105,075.	114,485.	110,077.	68,882.
g End of year balance	127,354,676.	126,447,391.	112,454,220.	134,129,886.	128,366,267.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 85.2200 %
  - b Permanent endowment 4.3100 %
  - c Term endowment 10.4700 %
- 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		20,789,175.	17,767,068.	3,022,107.
d Equipment		13,835,457.	10,759,900.	3,075,557.
e Other		1,104,041.	1,000,907.	103,134.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,200,798.

**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	20,215,672.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	20,215,672.

**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	23,137,721.
(3) POSTRETIREMENT MED BEN PAYABLE	2,794,381.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	25,932,102.

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>	59,195,050.
<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>	5,947,546.
<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 2a through 2d	<b>2e</b>	5,947,546.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	53,247,504.
<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>	535,279.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	535,279.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	53,782,783.

**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>	61,964,845.
<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 2a through 2d	<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	61,964,845.
<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>	535,279.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	535,279.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	62,500,124.

**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 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.

**Part XIII** Supplemental Information (continued)

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 2024 OR 2023.

**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
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

**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	1,539,273.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	5	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	93,884.
MIDDLE EAST AND NORTH AFRICA	1	12	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	1,517,044.
NORTH AMERICA	1	2	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	513,245.
SOUTH ASIA	6	101	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	8,316,376.
SUB-SAHARAN AFRICA	8	98	PROGRAM SERVICES	SOCIAL & BEH. SCIENCE	16,514,204.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		58,668.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		341,475.
<b>3 a</b> Subtotal .....	17	227			28,894,169.
<b>b</b> Total from continuation sheets to Part I .....	0	0			1,599,442.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	17	227			30,493,611.

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

Schedule F (Form 990) (Rev. 12-2024)



**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	20,176.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SOCIAL & BEH. SCIENCE	38,491.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	BIOMEDICAL RESEARCH	222,867.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SOCIAL & BEH. SCIENCE	118,609.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	SOCIAL & BEH. SCIENCE	29,007.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	129,611.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	9,000.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	9,000.	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 ..... 21

3 Enter total number of other organizations or entities ..... 12

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (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	49,488.	WIRE TRANSFER	0.		
		SOUTH ASIA	SOCIAL & BEH. SCIENCE	14,853.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	21,082.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	20,679.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BIOMEDICAL RESEARCH	66,124.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	9,000.	WIRE TRANSFER	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (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	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BIOMEDICAL RESEARCH	23,085.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BIOMEDICAL RESEARCH	14,043.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	9,077.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	8,948.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BIOMEDICAL RESEARCH	165,229.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	475,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	36,502.	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	74,640.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	23,401.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	155,233.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	17,261.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	9,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	14,771.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SOCIAL & BEH. SCIENCE	126,272.	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

Schedule F (Form 990) (Rev. 12-2024)

**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 \$96.77.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
CORNELL UNIVERSITY 373 PINE TREE ROAD ITHACA, NY 14850	15-0532082	501(C)(3)	19,921.	0.	CASH		BIOMEDICAL RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	58-0566256	501(C)(3)	62,876.	0.	CASH		BIOMEDICAL RESEARCH
LOUISIANA STATE UNIVERSITY 433 BOLIVAR STREET NEW ORLEANS, LA 70112	72-6000848	501(C)(3)	5,244.	0.	CASH		BIOMEDICAL RESEARCH
OAK CREST INSTITUTE OF SCIENCE 132 WEST CHESTNUT AVENUE MONROVIA, CA 91016	95-4680961	501(C)(3)	164,799.	0.	CASH		BIOMEDICAL RESEARCH
PATH 2201 WESTLAKE AVENUE, SUITE 200 SEATTLE, WA 98121	91-1157127	501(C)(3)	5,130.	0.	CASH		BIOMEDICAL RESEARCH
SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY SEATTLE, WA 98105	91-0564748	501(C)(3)	110,420.	0.	CASH		BIOMEDICAL RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8.

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) (Rev. 12-2024)



**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	2	144,152.	0.		
SOCIAL AND BEHAVIORAL SCIENCE	4	193,442.	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 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

**Part IV** Supplemental Information

DISBURSED.

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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

**Open to Public  
Inspection**

Name of the organization <b>THE POPULATION COUNCIL, INC.</b>	Employer identification number <b>13-1687001</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	X	
<b>2</b> 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? .....		X
<b>3</b> 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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	X	
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....		X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....		X
<b>8</b> 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 .....		X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....		

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

Schedule J (Form 990) (Rev. 12-2024)

**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) BRID T. DEVLIN CHIEF SCIENTIFIC OFFICER, CBR	(i)	422,170.	0.	966.	24,000.	39,850.	486,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES E. SAILER VICE PRESIDENT & EXEC DIRECTOR, CBR	(i)	351,981.	0.	24,806.	24,000.	43,507.	444,294.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANTONY DUTSON VICE PRESIDENT, CF&A/CFO	(i)	309,547.	25,000.	61,806.	24,000.	17,381.	437,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICIA C. VAUGHAN VP, GENERAL COUNSEL & SECRETARY	(i)	341,059.	0.	38,334.	24,000.	18,891.	422,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA HADDAD MEDICAL DIRECTOR	(i)	319,164.	0.	966.	24,000.	40,507.	384,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HARRIET BIRUNGI VP, INT'L PROGRAMS (THRU 04/24)	(i)	83,520.	0.	256,985.	0.	8,039.	348,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JEREMY NUTTALL SR DIRECTOR, PRECLINICAL SCIENCES	(i)	269,821.	0.	1,806.	24,000.	43,400.	339,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JULIA M. BUNTING THRING FORMER PRESIDENT	(i)	0.	0.	318,047.	0.	0.	318,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) THOAI D. NGO VICE PRESIDENT, SBSR (THRU 10/24)	(i)	236,727.	0.	43,981.	24,000.	13,153.	317,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BRUCE VARIANO SR SCI. & DIR OF CMC	(i)	191,094.	0.	69,642.	24,000.	28,574.	313,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANITA GARG SENIOR DIRECTOR	(i)	278,501.	0.	2,420.	24,000.	800.	305,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RANA A HAJJEH EL-KEBBI PRESIDENT (BEG 09/2024)	(i)	146,452.	0.	73,375.	0.	4,779.	224,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

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 BEGINNING ON JANUARY 19, 2022. THIS AMOUNT WAS SUBSEQUENTLY INCREASED TO \$5,000 FROM JANUARY 2023. 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 AND HARRIET BIRUNGI RECEIVED A SEVERANCE PAYMENT OF \$318,047 AND \$224,658 RESPECTIVELY. THIS PAYMENT IS REPORTED AS OTHER REPORTABLE COMPENSATION ON PART II, COLUMN B (III).

FORM 990, SCHEDULE J, PART II:

COMPENSATION DETAIL

THE COUNCIL'S POLICIES INCLUDE PROVIDING RELOCATION ALLOWANCE 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, AND TO MANAGEMENT LEVEL EMPLOYEES WHO RELOCATE TO WORK IN OUR U.S. OFFICES. THIS BENEFIT IS REPORTED AS OTHER REPORTABLE COMPENSATION FOR U.S. TAXPAYER EMPLOYEES, AND ANY FOREIGN EMPLOYEES THAT DO NOT RECEIVE A W-2. RELOCATION IS SHOWN AS A TAXABLE BENEFITS FOR ANY FOREIGN EMPLOYEES THAT DO NOT RECEIVE A W-2 SINCE THIS BENEFIT MAY BE TAXABLE IN A FOREIGN JURISDICTION.

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.



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 LIVING 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'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 ASSESSES 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 MAKE A HEALTHY TRANSITION TO ADULTHOOD.

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 CONDUCT RESEARCH TO ADVANCE  
GENDER EQUITY BY TACKLING SOCIAL SYSTEMS AND POLICIES THAT PERPETUATE  
GENDER DISCRIMINATION, VIOLENCE, AND SYSTEMIC NEGLECT.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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PURSUE JUSTICE IN THE FACE OF CLIMATE AND ENVIRONMENTAL CHANGES: THE COUNCIL INVESTIGATES THE COMPLEX INTERACTIONS AND DYNAMICS BETWEEN PEOPLE AND THEIR ENVIRONMENT. WE HARNESS EVIDENCE TO BUILD RESILIENT, SUSTAINABLE, AND EQUITABLE COMMUNITIES, ABLE TO ADAPT TO AND MITIGATE THE CLIMATE CRISIS.

POPULATION COUNCIL RESEARCHERS DEVELOP 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 OVER 300 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.

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 19 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 IMPACTING THE PHYSICAL, MENTAL, AND EMOTIONAL WELL-BEING OF INDIVIDUALS, ESPECIALLY WOMEN AND GIRLS. WE 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 POPULATION COUNCIL'S INITIATIVE ON POPULATION, ENVIRONMENTAL RISKS, AND THE CLIMATE CRISIS (PERCC) CONDUCTS RIGOROUS, INNOVATIVE,

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

2024 KEY ACCOMPLISHMENTS:

ENSURE SEXUAL AND REPRODUCTIVE HEALTH, RIGHTS, AND CHOICES:  
WE GENERATE EVIDENCE-DRIVEN SOLUTIONS TO EXPAND PEOPLE'S CHOICES AND INCREASE ACCESS TO COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH (SRH) CARE.

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

- THE CREATION OF AN EARLY MARKET ACCESS VEHICLE TO ACCELERATE DISTRIBUTION OF THE 1-MONTH DAPIVIRINE VAGINAL RING (DVR), THE FIRST WOMAN-CONTROLLED HIV PREVENTION PRODUCT. THIS VEHICLE WILL INCREASE ACCESS TO THE 1-MONTH RING WHERE IT IS APPROVED FOR USE AS WELL AS SUPPORT THE ROLL-OUT OF THE RING IN ESWATINI.

- COUNCIL RESEARCHERS SUCCESSFULLY DEMONSTRATED THAT A 3-MONTH DAPIVIRINE VAGINAL RING HAD A SUPERIOR DRUG RELEASE COMPARED TO THE 1-MONTH RING, OFFERING A MORE COST EFFECTIVE AND CONVENIENT HIV PREVENTION OPTION TO WOMEN.

- IN PARTNERSHIP WITH EXELTIS, THE COUNCIL IS DEVELOPING A NON-HORMONAL MULTIPURPOSE INTRAVAGINAL RING TO PROVIDE WOMEN WITH A NON-HORMONAL OPTION TO PREVENT PREGNANCY, SEXUALLY TRANSMITTED INFECTIONS, AND/OR HIV.

DESIGNING INNOVATIVE APPROACHES TO ADDRESS VIOLENCE AGAINST CHILDREN

- THE COUNCIL'S BAOBAB RESEARCH PROGRAMME CONSORTIUM CONDUCTED THE WORLD'S FIRST HUMANITARIAN VIOLENCE AGAINST CHILDREN AND YOUTH SURVEYS IN UGANDA AND ETHIOPIA. IN COLLABORATION WITH THEIR RESPECTIVE GOVERNMENTS, BAOBAB RPC IS DESIGNING, TESTING, AND IMPLEMENTING INTERVENTIONS TO ADDRESS THE HIGH RATES OF VIOLENCE, INCLUDING SEXUAL VIOLENCE, IDENTIFIED IN THE SURVEYS.

EMPOWER ADOLESCENTS AND YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL:  
THE POPULATION COUNCIL IS WIDELY CREDITED FOR PUTTING ADOLESCENTS, PARTICULARLY ADOLESCENT GIRLS, ON THE GLOBAL DEVELOPMENT AGENDA MORE THAN 25 YEARS AGO. SINCE THEN, WE HAVE BUILT THE WORLD'S LARGEST BODY OF EVIDENCE ON GIRLS' UNIQUE NEEDS AND EXPERIENCES, AND WHAT WORKS TO EMPOWER GIRLS TO MAKE A HEALTHY TRANSITION TO ADULTHOOD. THE COUNCIL'S GIRL INNOVATION, RESEARCH, AND LEARNING (GIRL) CENTER AMPLIFIES THESE EFFORTS AND SUPPORTS PARTNERS TO USE DATA AND EVIDENCE TO STRENGTHEN THEIR ADOLESCENT-CENTERED PROGRAMS.

- TO ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION AND PROMOTE LIFELONG LEARNING OPPORTUNITIES, INCLUDING FOR PREGNANT AND PARENTING GIRLS, COUNCIL RESEARCHERS HIGHLIGHT EFFECTIVE INITIATIVES THAT SHOULD BE CONSIDERED FOR SCALE-UP TO HELP OUT-OF-SCHOOL GIRLS FINISH THEIR EDUCATION.

- EVIDENCE AND BEST PRACTICES FROM THE WORLD BANK-FUNDED SAHEL WOMEN'S EMPOWERMENT AND DEMOGRAPHIC DIVIDEND (SWEDD) INITIATIVE IMPLEMENTED WITH SUPPORT FROM THE UNFPA REGIONAL WEST AND CENTRAL AFRICA OFFICE,

Name of the organization THE POPULATION COUNCIL, INC.	Employer identification number 13-1687001
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THE GIRL CENTER AND OTHER TECHNICAL PARTNERS SHOWS THE POTENTIAL OF PROGRAMMING THROUGH SAFE SPACES AS PLACES OF LEARNING, EXCHANGE, AND EMPOWERMENT FOR GROUPS OF ADOLESCENT GIRLS.

- WORKING WITH THE WORLD BANK AND THE CENTER FOR GLOBAL DEVELOPMENT, GIRL CENTER RESEARCHERS ARE MAKING A COMPREHENSIVE, DATA-DRIVEN CASE AND PROVIDING RECOMMENDATIONS ON HOW TO INVEST IN ADOLESCENT GIRLS TO GROW ECONOMIES IN AFRICA.

- AS THE HOST FOR THE COALITION FOR ADOLESCENT GIRLS, THE GIRL CENTER AND PARTNERS UTILIZE DIGITAL AND IN-PERSON PLATFORMS AND NETWORKS TO AMPLIFY GIRLS' VOICES, THE VOICES OF GLOBAL SOUTH GIRL-CENTERED ORGANIZATIONS, AND ADVOCATE FOR INVESTMENTS AND PRIORITIES THAT IMPACT ADOLESCENT GIRLS MOST.

ACHIEVE GENDER EQUALITY AND EQUITY:

THE POPULATION COUNCIL COLLABORATES WITH LOCALLY-ROOTED ORGANIZATIONS, COMMUNITIES, AND GOVERNMENTS TO GENERATE DATA AND INSIGHTS THAT CHALLENGE HARMFUL GENDER NORMS AND PRACTICES, INCLUDING GENDER-BASED VIOLENCE, CHILD MARRIAGE, AND FEMALE GENITAL MUTILATION, AND PROVIDE EVIDENCE THAT DECISION-MAKERS CAN USE TO ADDRESS GENDER INEQUALITY AND DISCRIMINATION.

- CONTINUING THE COUNCIL'S LONGSTANDING WORK AND EXPERTISE ON ENDING CHILD MARRIAGE, WE ARE PROVIDING DATA AND EVIDENCE AND CONVENING POLICYMAKERS IN ZAMBIA TO DISCUSS THE IMPORTANCE OF AND TAKE ACTION TO END CHILD MARRIAGE IN ZAMBIA.

- BY IMPROVING MEASUREMENT OF SOCIAL AND GENDER NORM CHANGE IN FEMALE GENITAL MUTILATION (FGM) PRACTICES, THE COUNCIL'S FGM DATA HUB IS ENABLING PROGRAMS TO ADAPT THEIR STRATEGIES AND MAXIMIZE THEIR IMPACT TO END FGM IN AFRICA.

- RESEARCHERS IN INDIA SHOWED THAT THE CHARM2 (COUNSELLING HUSBANDS TO ACHIEVE REPRODUCTIVE HEALTH AND MARITAL EQUITY) INTERVENTION FOR COUPLES IN RURAL INDIA, SHOWS PROMISE IN IMPROVING MEN'S AND WOMEN'S ATTITUDES TOWARD GENDER EQUALITY AND MALE PERCEPTIONS OF MARITAL EQUALITY.

- THE COUNCIL, THE ETHIOPIAN CENTER FOR DISABILITY AND DEVELOPMENT (ECDD) AND THE ETHIOPIAN LAWYERS WITH DISABILITY ASSOCIATION (ELDA) LAUNCHED THE "FORCED BEGGING AMONG PEOPLE WITH DISABILITY IN ETHIOPIA" PROJECT, THE FIRST INTERVENTION TO ADDRESS TRAFFICKING OF PERSONS WITH DISABILITIES INTO BEGGING. WITH AN INITIAL FOCUS IN ETHIOPIA, THE PROJECT'S GOAL IS TO BRING THIS UNRECOGNIZED FORM OF HUMAN TRAFFICKING TO LIGHT AND DEVELOP CONTEXTUALIZED, EVIDENCE-BASED SOLUTIONS THAT CAN BE ADAPTED ACROSS THE GLOBE.

PURSUUE JUSTICE IN THE FACE OF CLIMATE AND ENVIRONMENTAL CHANGES:

THE COUNCIL WORKS ACROSS DISCIPLINES AND SECTORS TO BUILD A GLOBAL BODY OF EVIDENCE ON POPULATION AND CLIMATE ISSUES AND HOW THE CLIMATE CRISIS INTERSECTS WITH ECONOMIC AND SOCIAL INEQUALITIES.

- WITH STAKEHOLDERS, THE COUNCIL CO-HOSTED A THOUGHT-PROVOKING AND

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SOLUTIONS-FOCUSED DIALOGUE AMONG POLICYMAKERS, FUNDERS, RESEARCHERS, AND CIVIL SOCIETY STAKEHOLDERS ON THE CLIMATE CRISIS' IMPACT ON GENDER EQUALITY AND HEALTH EQUITY GOALS DURING THE UN GENERAL ASSEMBLY. THE DISCUSSION HIGHLIGHTED THE NEED FOR GENDER MAINSTREAMING INTO CLIMATE POLICIES AND FINANCING NEGOTIATIONS.

- BUILDING ON THE DIALOGUES DURING THE UNITED NATIONS GENERAL ASSEMBLY, COUNCIL RESEARCHERS ATTENDING COP 29 CONTINUED TO DISCUSS RESULTS FROM STUDIES THAT EXAMINED THE NEXUS BETWEEN CLIMATE CHANGE AND MENTAL HEALTH AMONG YOUNG PEOPLE; SEXUAL AND REPRODUCTIVE HEALTH; MIGRATION; AND THE IMPACT ON WOMEN AND GIRLS.

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 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 2024, THE POPULATION COUNCIL PUBLISHED 130 PEER-REVIEWED ARTICLES AND COMMENTARIES. OUR PUBLISHED REPORTS, WORKING PAPERS, AND TOOLS WERE DOWNLOADED 352,269 TIMES FOR USE BY VISITORS FROM OUR INTERNATIONAL REPOSITORY IN 2024.

COUNCIL STAFF MEMBERS DISSEMINATE INFORMATION THROUGH VARIOUS DIGITAL PLATFORMS, INCLUDING THE COUNCIL'S OPEN-SOURCE REPOSITORY AT [HTTPS://KNOWLEDGECOMMONS.POPCOUNCIL.ORG/](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 FORA 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.

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

BANGLADESH, EGYPT, ETHIOPIA, GHANA,  
GUATEMALA, INDIA, KENYA, MEXICO,  
NIGERIA, PAKISTAN, SENEGAL, SOUTH AFRICA,  
ZAMBIA

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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 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:

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

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

BIOMEDICAL RESEARCH FEES:

PROGRAM SERVICE EXPENSES	3,279,415.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,279,415.

CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	2,732,355.
MANAGEMENT AND GENERAL EXPENSES	244,276.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,976,631.

PROGRAM PERSONNEL:

PROGRAM SERVICE EXPENSES	1,267,653.
MANAGEMENT AND GENERAL EXPENSES	2,326.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,269,979.

ALL OTHER FEES:

PROGRAM SERVICE EXPENSES	1,779,098.
MANAGEMENT AND GENERAL EXPENSES	263,105.
FUNDRAISING EXPENSES	23,126.
TOTAL EXPENSES	2,065,329.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	9,591,354.

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

POST RETIREMENT CHANGES OTHER THAN SERVICE COST	-92,332.
GAIN/LOSS ON LEASE OBLIGATION	-6,032.
NET PERIODIC BENEFIT COSTS OTHER THAN SERVICE COST	338,687.
FOREIGN CURRENCY EXCHANGE	259,183.
TOTAL TO FORM 990, PART XI, LINE 9	499,506.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

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

**Open to Public  
Inspection**

Name of the organization <p align="center">THE POPULATION COUNCIL, INC.</p>	Employer identification number <p align="center">13-1687001</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
POPULATION COUNCIL KENYA - 98-1507845 ROSE AVENUE, AVENUE 5, 3RD FL. NAIROBI, KENYA	REPRO. HEALTH	KENYA	-881,385.	3,439,786.	POP. COUNCIL
POPULATION CENTER PAKISTAN - 98-1513527 ST #37, BELLA ROAD, SEC G-10 ISLAMABAD, PAKISTAN	REPRO. HEALTH	PAKISTAN	27,284.	78,237.	POP. COUNCIL
POPULATION COUNCIL CONSULT. PRIVATE LTD - 98-1508082, B-2 LOWER GROUND FL, JUNG PURA, NEW DELHI, INDIA 110014	REPRO. HEALTH	INDIA	-2,748,732.	7,820,123.	POP. COUNCIL
POPULATION COUNCIL INSTITUTE - 98-1513527 B-2 LOWER GROUND FL JUNG PURA, NEW DELHI, INDIA 110014	REPRO. HEALTH	INDIA	674,031.	74,682.	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) (Rev. 1-2025)



**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



