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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

| | | |
|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE POPULATION COUNCIL INC % ERIC WALKER Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite ONE DAG HAMMARSKJOLD PLAZA Suite 3R _____ City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017 | D Employer identification number 13-1687001 _____ E Telephone number (212) 339-0500 _____ G Gross receipts \$ 95,205,882 |
| F Name and address of principal officer JULIA BUNTING ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY 10017 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | L Year of formation 1952 M State of legal domicile NY |
| J Website: ▶ WWW.POPCOUNCIL.ORG | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |

Part I Summary

| | | | |
|--|--|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities IMPROVE THE WELL-BEING AND REPRODUCTIVE HEALTH OF CURRENT AND FUTURE GENERATIONS AROUND THE WORLD FOR MORE INFORMATION, SEE SCHEDULE O | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17 |
| 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 278 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 21 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 75,254,425 | 71,368,781 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 10,498,543 | 4,796,226 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,440,016 | 2,847,367 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 88,192,984 | 79,012,374 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 11,050,818 | 11,692,547 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0 | 0 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 42,988,665 | 43,494,982 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 895,244 | 89,358 | 0 |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 32,572,056 | 28,969,836 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 86,700,897 | 84,157,365 | |
| 19 Revenue less expenses Subtract line 18 from line 12 | 1,492,087 | -5,144,991 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | 138,846,469 | 144,875,451 |
| | 21 Total liabilities (Part X, line 26) | 32,791,971 | 54,254,931 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 106,054,498 | 90,620,520 | |

Part II Signature Block

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

| | | |
|-------------------------------|--|--|
| Sign Here | ***** Signature of officer ERIC WALKER cfo Type or print name and title | 2016-11-11 Date |
| Paid Preparer Use Only | Print/Type preparer's name DEVIN L DUNCAN | Preparer's signature DEVIN L DUNCAN |
| | Firm's name ▶ KPMG LLP | Date 2016-11-10 |
| | Firm's address ▶ 345 Park Avenue New York, NY 101540102 | Check <input type="checkbox"/> if self-employed PTIN P01249521 Firm's EIN ▶ Phone no (212) 758-9700 |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 31,704,560 including grants of \$ 4,405,644) (Revenue \$)
 REPRODUCTIVE HEALTH (RH) THE POPULATION COUNCIL'S REPRODUCTIVE HEALTH PROGRAM WORKS TO IMPROVE THE SEXUAL AND REPRODUCTIVE HEALTH OF VULNERABLE POPULATIONS IN DEVELOPING COUNTRIES STAFF MEMBERS DEVELOP AND INTRODUCE NEW CONTRACEPTIVES AND MEANS TO PREVENT, DETECT, AND TREAT SEXUALLY TRANSMITTED INFECTIONS, HELP FORMULATE EVIDENCE-BASED POLICIES, AND EVALUATE INNOVATIONS IN SERVICE DELIVERY FOR MORE INFORMATION SEE SCHEDULE O

4b (Code) (Expenses \$ 20,215,943 including grants of \$ 4,652,306) (Revenue \$)
 HIV AND AIDS (HIV) THE POPULATION COUNCIL TAKES A BROAD AND COMPREHENSIVE APPROACH TO HIV PREVENTION, CARE, AND TREATMENT THE HIV AND AIDS PROGRAM ENCOMPASSES BASIC RESEARCH IN IMMUNOLOGY, DEVELOPMENT AND INTRODUCTION OF A SAFE, EFFECTIVE MICROBICIDE, SOCIAL SCIENCE AND HEALTH-RELATED RESEARCH TO BETTER UNDERSTAND THE SOCIAL AND BEHAVIORAL ASPECTS OF HIV AND AIDS, AND THE DEVELOPMENT, EVALUATION, AND SCALE-UP OF EFFECTIVE SERVICE-DELIVERY MODELS FOR MORE INFORMATION SEE SCHEDULE O

4c (Code) (Expenses \$ 15,635,290 including grants of \$ 2,634,597) (Revenue \$)
 POVERTY, GENDER & YOUTH (PGY) THROUGH THE POVERTY, GENDER, AND YOUTH (PGY) PROGRAM, POPULATION COUNCIL STAFF MEMBERS SEEK TO UNDERSTAND AND ADDRESS THE SOCIAL DIMENSIONS OF POVERTY, THE CAUSES AND CONSEQUENCES OF GENDER INEQUALITY, THE DISPARITIES IN OPPORTUNITY THAT ARISE DURING ADOLESCENCE, AND THE CRITICAL REQUIREMENTS FOR REACHING A SUCCESSFUL, PRODUCTIVE ADULTHOOD IN DEVELOPING COUNTRIES FOR MORE INFORMATION SEE SCHEDULE O

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 1,920,498 including grants of \$) (Revenue \$ 77,642)

4e Total program service expenses ▶ 69,476,291

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | | |
|---|-------------------|------------|-----------|
| <p>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i></p> | <p>21</p> | <p>Yes</p> | |
| <p>22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i></p> | <p>22</p> | <p>Yes</p> | |
| <p>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i></p> | <p>23</p> | <p>Yes</p> | |
| <p>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i></p> | <p>24a</p> | | <p>No</p> |
| <p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p> | <p>24b</p> | | |
| <p>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p> | <p>24c</p> | | |
| <p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p> | <p>24d</p> | | |
| <p>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p> | <p>25a</p> | | <p>No</p> |
| <p>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i></p> | <p>25b</p> | | <p>No</p> |
| <p>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i></p> | <p>26</p> | | <p>No</p> |
| <p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i></p> | <p>27</p> | | <p>No</p> |
| <p>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p> | | | |
| <p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28a</p> | | <p>No</p> |
| <p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28b</p> | | <p>No</p> |
| <p>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28c</p> | | <p>No</p> |
| <p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p> | <p>29</p> | <p>Yes</p> | |
| <p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p> | <p>30</p> | | <p>No</p> |
| <p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p> | <p>31</p> | | <p>No</p> |
| <p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p> | <p>32</p> | | <p>No</p> |
| <p>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></p> | <p>33</p> | | <p>No</p> |
| <p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p> | <p>34</p> | | <p>No</p> |
| <p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p> | <p>35a</p> | | <p>No</p> |
| <p>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p> | <p>35b</p> | | |
| <p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p> | <p>36</p> | | <p>No</p> |
| <p>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p> | <p>37</p> | | <p>No</p> |
| <p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p> | <p>38</p> | <p>Yes</p> | |

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 columns for question ID, question text, sub-questions (1a-13c), and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 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? | | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 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 in Schedule O | | No |

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

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

Section C. Disclosure

| | | |
|-----------|---|--------|
| 17 | List the States with which a copy of this Form 990 is required to be filed | DC, NY |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 | Describe in 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 ERIC WALKER ONE DAG HAMMARSKJOLD PLACE NEW YORK, NY 10017 (212) 339-0563 | |

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 dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 3,881,215 | 0 | 757,596 | |

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 **▶ 86**

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

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 |
|--|--------------------------------|---------------------|
| LERNER DAVID LITTENBERG KRUMHOLZ ME, 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090 | LEGAL SERVICES | 486,832 |
| sasm f llp, 4 times square NEW YORK, NY 10036 | legal services | 170,651 |
| PAREXEL INTERNATIONAL LLC, 195 WEST STREET WALTHAM, MA 02451 | RESEARCH | 305,889 |
| KPMG LLP, PO BOX 120001 DALLAS, TX 75312 | AUDIT & TAX SERVICES | 254,813 |
| GRANT THORNTON, 666 THIRD AVENUE NEW YORK, NY 10017 | INTERNAL AUDIT | 258,594 |

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 **▶ 10**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|--|--|--|---|---|---------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | 5,056 | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | 442,880 | | | | |
| | d | Related organizations 1d | | | | | |
| | e | Government grants (contributions) 1e | 43,017,446 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 27,903,399 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | 2,824,233 | | | | |
| | h | Total. Add lines 1a-1f ▶ | 71,368,781 | | | | |
| Program Service Revenue | 2a | _____ Business Code | | | | | |
| | b | _____ | | | | | |
| | c | _____ | | | | | |
| | d | _____ | | | | | |
| | e | _____ | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f ▶ | 0 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) ▶ | 3,706,919 | | | 3,706,919 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | 0 | | | | |
| | 5 | Royalties ▶ | 2,850,741 | | | 2,850,741 | |
| | 6a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | b Less rental expenses | | | | |
| | | | c Rental income or (loss) | 0 | 0 | | |
| | d | Net rental income or (loss) ▶ | 0 | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 17,158,309 | 20,570 | | |
| | | | (ii) Other | | | | |
| | | | b Less cost or other basis and sales expenses | 15,946,470 | 143,102 | | |
| | | | c Gain or (loss) | 1,211,839 | -122,532 | | |
| | d | Net gain or (loss) ▶ | 1,089,307 | | | 1,089,307 | |
| | 8a | Gross income from fundraising events (not including \$ 442,880 of contributions reported on line 1c) See Part IV, line 18 a | | | | | |
| | | | b Less direct expenses b | 22,920 | 103,936 | | |
| | | | c Net income or (loss) from fundraising events . . ▶ | -81,016 | | | -81,016 |
| | 9a | Gross income from gaming activities See Part IV, line 19 a | | | | | |
| | | | b Less direct expenses b | | | | |
| | | | c Net income or (loss) from gaming activities . . . ▶ | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| b Less cost of goods sold b | | | | | | | |
| c Net income or (loss) from sales of inventory . . ▶ | | | 0 | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | PUBLICATIONS REVENUE | 511190 | 53,887 | 53,887 | | | |
| b | MISCELLANEOUS REVENUE | 900099 | 23,755 | 23,755 | | | |
| c | _____ | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | 77,642 | | | | |
| 12 | Total revenue. See Instructions ▶ | | 79,012,374 | 77,642 | | 7,565,951 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 6,659,975 | 6,659,975 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 263,246 | 263,246 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 4,769,326 | 4,769,326 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 3,074,268 | 1,839,694 | 1,095,873 | 138,701 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 30,782,010 | 24,261,185 | 6,166,572 | 354,253 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,393,051 | 1,825,406 | 533,700 | 33,945 |
| 9 | Other employee benefits | 5,654,638 | 4,313,325 | 1,261,102 | 80,211 |
| 10 | Payroll taxes | 1,591,015 | 1,213,617 | 354,829 | 22,569 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | | | |
| b | Legal | 784,357 | 580,429 | 203,928 | |
| c | Accounting | 544,817 | 106,390 | 438,427 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 185,022 | | 185,022 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 8,574,789 | 8,046,646 | 470,750 | 57,393 |
| 12 | Advertising and promotion | 21,255 | 21,255 | | |
| 13 | Office expenses | 1,169,626 | 759,962 | 402,335 | 7,329 |
| 14 | Information technology | 816,400 | 391,792 | 402,078 | 22,530 |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 6,180,348 | 5,350,786 | 734,048 | 95,514 |
| 17 | Travel | 3,983,407 | 3,573,893 | 353,412 | 56,102 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 3,008,217 | 2,800,289 | 199,357 | 8,571 |
| 20 | Interest | 4,821 | 4,821 | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 1,192,253 | 721,075 | 471,050 | 128 |
| 23 | Insurance | 424,477 | 239,760 | 184,717 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | BIOMEDICAL RESEARCH FEES | 1,192,437 | 1,192,437 | | |
| b | PRINTING & PUBLICATIONS | 581,309 | 425,045 | 141,048 | 15,216 |
| c | BAD DEBTS | 134,593 | 22,939 | 111,654 | 0 |
| d | PROCESSING FEES | 130,835 | 60,423 | 67,630 | 2,782 |
| e | All other expenses | 40,873 | 32,575 | 8,298 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 84,157,365 | 69,476,291 | 13,785,830 | 895,244 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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) | | (B) |
|--|---|-----------------------|-------------|-----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 5,876,789 | 1 | 9,094,177 |
| | 2 Savings and temporary cash investments | 127,285 | 2 | 0 |
| | 3 Pledges and grants receivable, net | 13,988,325 | 3 | 14,427,276 |
| | 4 Accounts receivable, net | 1,706,815 | 4 | 784,760 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 2,074,648 | 9 | 2,174,454 |
| | 10a Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D | 10a 27,394,323 | | |
| | b Less accumulated depreciation | 10b 14,572,877 | 4,509,000 | 10c 12,821,446 |
| | 11 Investments—publicly traded securities | 86,804,743 | 11 | 72,820,615 |
| | 12 Investments—other securities See Part IV, line 11 | 18,298,130 | 12 | 27,815,836 |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets See Part IV, line 11 | 5,460,734 | 15 | 4,936,887 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 138,846,469 | 16 | 144,875,451 | |
| Liabilities | 17 Accounts payable and accrued expenses | 5,548,751 | 17 | 4,981,777 |
| | 18 Grants payable | 3,975,176 | 18 | 5,468,649 |
| | 19 Deferred revenue | 13,049,634 | 19 | 23,721,889 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 4,611,820 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 10,218,410 | 25 | 15,470,796 |
| | 26 Total liabilities. Add lines 17 through 25 | 32,791,971 | 26 | 54,254,931 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 87,588,376 | 27 | 74,108,810 |
| | 28 Temporarily restricted net assets | 12,980,346 | 28 | 11,025,934 |
| | 29 Permanently restricted net assets | 5,485,776 | 29 | 5,485,776 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 106,054,498 | 33 | 90,620,520 | |
| 34 Total liabilities and net assets/fund balances | 138,846,469 | 34 | 144,875,451 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 79,012,374 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 84,157,365 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -5,144,991 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 106,054,498 |
| 5 | Net unrealized gains (losses) on investments | 5 | -9,335,480 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -953,507 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 90,620,520 |

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-1687001

Name: THE POPULATION COUNCIL INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| | | | | | |
|--------------------------------------|----------------|-----------|------------------------|---------------|----------|
| (Code |) (Expenses \$ | 1,682,456 | including grants of \$ |) (Revenue \$ | 53,887) |
| PUBLICATIONS - SEE SCH O | | | | | |
| (Code |) (Expenses \$ | 238,042 | including grants of \$ |) (Revenue \$ |) |
| DISTINGUISHED COLLEAGUES - SEE SCH O | | | | | |

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$ 23,755)

OTHER PROGRAM SERVICES - SEE SCH O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Julia Bunting President, since March 2015 | 40 0 0 0 | X | | X | | | | 446,279 | 0 | 57,311 |
| Peter J Donaldson President, Until February 2015 | 40 0 0 0 | X | | | | | | 106,121 | 0 | 16,690 |
| Mark A Walker Chairman of the Board | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Darcy Bradbury Trustee, since June 2015 | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Peter Brandt Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Wafaa El-Sadr Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Anna Glasier Trustee | 1 0 0 0 | X | | | | | | 6,000 | 0 | 0 |
| Victor Halberstadt Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Henry L King Trustee, until June 2015 | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Anna Mastroianni Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Cheikh Mbacke Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | |
| LAUREN A MESERVE Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | |
| Zulfiqar Bhutta Trustee, since March 2015 | 1 0 0 0 | X | | | | | | 0 | 0 | |
| Anne R Pebley Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | |
| Terry Peigh Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | |
| K Sujatha Rao Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | |
| Elizabeth Eder Zobel de Ayala Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | |
| Marc Saiontz Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | |
| Theo Spencer Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | |
| AMY ONG TSUI TRUSTEE | 1 0 0 0 | X | | | | | | 0 | 0 | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Ann Blanc VP, POVERTY, GENERAL & YOUTH | 40 0 0 0 | | | X | | | | 257,022 | 0 | 36,570 |
| John Bongaarts Vice President & DISTING SCHLR | 40 0 0 0 | | | X | | | | 299,997 | 0 | 46,440 |
| Renee Richardson CFO & TREASURER | 40 0 0 0 | | | X | | | | 207,158 | 0 | 44,870 |
| Naomi Rutenberg VP, HIV & AIDS PROGRAM | 40 0 0 0 | | | X | | | | 292,716 | 0 | 56,880 |
| James E Sailer VP, CORPORATE AFFAIRS DIVISION | 40 0 0 0 | | | X | | | | 300,991 | 0 | 27,550 |
| John W Townsend VP, REPRODUCTIVE HEALTH PGM | 40 0 0 0 | | | X | | | | 299,185 | 0 | 46,440 |
| Patricia C Vaughan General Counsel and Secretary | 40 0 0 0 | | | X | | | | 259,531 | 0 | 37,350 |
| Mana Aguilar DIRECTOR-INTERNATIONAL SUPPORT | 40 0 0 0 | | | | X | | | 183,551 | 0 | 45,570 |
| Ian Askew DIRECTOR-REPRODUCTIVE HEALTH | 45 0 0 0 | | | | | X | | 273,214 | 0 | 146,520 |
| Andrea Eschen DIRECTOR-DEVELOPMENT | 40 0 0 0 | | | | | X | | 199,557 | 0 | 56,880 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| George Creasy MEDICAL DIRECTOR-NDA CBR | 40 0 0 0 | | | | | X | | 280,822 | 0 | 56,880 |
| Annabel Erulkar Senior Associate & Country Dir | 45 0 0 0 | | | | | X | | 224,466 | 0 | 43,590 |
| Benjamin Bellows Associate II, RH Services | 45 0 0 0 | | | | | X | | 244,605 | 0 | 37,980 |

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

Public Charity Status and Public Support

OMB No 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE POPULATION COUNCIL INC

Employer identification number
13-1687001

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii)EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---------------------------------------|---------|---|--|----|--|--|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.) | 59,340,421 | 55,236,787 | 74,820,045 | 75,254,425 | 71,368,781 | 336,020,459 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 59,340,421 | 55,236,787 | 74,820,045 | 75,254,425 | 71,368,781 | 336,020,459 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 15,332,313 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 320,688,146 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 59,340,421 | 55,236,787 | 74,820,045 | 75,254,425 | 71,368,781 | 336,020,459 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 9,738,617 | 9,354,131 | 4,843,814 | 6,896,374 | 6,557,660 | 37,390,596 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 91,014 | 66,421 | 89,546 | 29,116 | 77,642 | 353,739 |
| 11 Total support. Add lines 7 through 10 | | | | | | 373,764,794 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 85.799% |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14 | 15 | 83.750% |
| 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2015. 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 <input type="checkbox"/> | | |
| b 33 1/3% support tests—2014. 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 <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| 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)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

| | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section B - Minimum Asset Amount

- 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
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

| | (A) Prior Year | (B) Current Year (optional) |
|-----------|----------------|-----------------------------|
| 1 | | |
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | | Current Year |
|----------|--|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013. _____ | | | |
| e From 2014. _____ | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 \$ _____ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013. _____ | | | |
| d From 2014. _____ | | | |
| e From 2015. _____ | | | |

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).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE C
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | 0 | | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 0 | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 0 | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 84,157,365 | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 84,157,365 | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns | 1,000,000 | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Y e s **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
|--|-----------|-----------|-----------|-----------|-----------|
| 2a Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 0 | 200 | 0 | 0 | 200 |
| d Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | 0 | 0 | 0 | 0 | 0 |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an 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 Year |
|---|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
 - 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" to 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 | 100,183,198 | 101,530,278 | 88,064,052 | 83,561,374 | 89,043,626 |
| b Contributions | 358,143 | 4,200 | 4,000 | 3,800 | 3,600 |
| c Net investment earnings, gains, and losses | -4,624,840 | 6,671,964 | 18,180,927 | 10,797,232 | -3,190,863 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 9,058,792 | 7,895,944 | 4,602,625 | 6,168,948 | 2,173,097 |
| f Administrative expenses | 131,579 | 127,300 | 116,076 | 129,406 | 121,892 |
| g End of year balance | 86,726,130 | 100,183,198 | 101,530,278 | 88,064,052 | 83,561,374 |

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

- a** Board designated or quasi-endowment **▶** 82.800 %
 - b** Permanent endowment **▶** 6.300 %
 - c** Temporarily restricted endowment **▶** 10.900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

b If "Yes" on 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' to 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 | 0 | 21,144,524 | 10,439,237 | 10,705,287 |
| d Equipment | 0 | 5,114,487 | 3,580,693 | 1,533,794 |
| e Other | 0 | 1,135,312 | 552,947 | 582,365 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 12,821,446 |

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) FIXED INCOME | 12,460,740 | F |
| (B) LIMITED PARTNERSHIPS | 15,355,096 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 27,815,836 | |

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 |
|--|----------------|---|
| | | |
| | | |
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| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| | |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | |

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| Federal income taxes | 0 |
| DEFERRED RENT CREDIT | 5,473,220 |
| POSTRETIREMENT MED BEN PAYABLE | 9,997,576 |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 15,470,796 |

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 68,575,762 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | -9,335,480 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | -109,651 |
| d | Other (Describe in Part XIII) | 2d | -843,856 |
| e | Add lines 2a through 2d | 2e | -10,288,987 |
| 3 | Subtract line 2e from line 1 | 3 | 78,864,749 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 185,022 |
| b | Other (Describe in Part XIII) | 4b | -37,397 |
| c | Add lines 4a and 4b | 4c | 147,625 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 79,012,374 |

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 84,009,740 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 37,397 |
| e | Add lines 2a through 2d | 2e | 37,397 |
| 3 | Subtract line 2e from line 1 | 3 | 83,972,343 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 185,022 |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 185,022 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 84,157,365 |

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.

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE D, 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 The DeWitt Wallace Fellowship Endowment provides a permanent, reliable financial basis from which 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 Dr Christopher Tietze Fellowship Fund supports fellowships in reproductive epidemiology The Excess Royalty fund was established by The Population Council's board of trustees and may be used by the board of trustees, at its discretion, to support the operations of The Population Council The George J Hecht Fund may be used to support developing contraceptive devices, developing other contraceptive or birth control measures, providing such devices or measures, instruction in the use of such devices or measures, and/or family planning to reduce the fertility of such overpopulated countries as the Council shall determine The Policy Research Endowment Fund supports the program activities of the Poverty, Gender and Youth program (formally known as the Policy Research Division) |

Part XIII Supplemental Information (continued)

| Return Reference | Explanation |
|---|--|
| RECONCILIATION OF REVENUE AND EXPENSE TO AUDITED FINANCIAL STATEMENTS | SCHEDULE D, PART XI, LINE 2D LOSS ON LEASE OBLIGATION AND OTHER, NET (32,781) PENSION AND OTHER POSTRETIREMENT CHARGES OTHER THAN NET PERIODIC BENEFIT COST (811,075) ----- (843,856) ===== SCHEDULE D, PART XI, LINE 4B FUNDRAISING EVENT EXPENSES (37,397) SCHEDULE D, PART XII, LINE 2D FUNDRAISING EVENT EXPENSES 37,397 |
| | |
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| | |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE POPULATION COUNCIL INC

Employer identification number

13-1687001

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to 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 region | (d) Activities conducted in region (by type) (e.g., 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 region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 14 | 340 | | | 30,078,890 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 14 | 340 | | | 30,078,890 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to 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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| (1) | See Add'l Data | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 61

3 Enter total number of other organizations or entities ▶ 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) REPRODUCTIVE HEALTH | Sub-Saharan Africa | 2 | 17,818 | wire | | | |
| (2) Adolescent Research | South Asia | 1 | 5,976 | wire | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE F, PART I, LINE 2 | <p>GRANT MONITORING MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES Awards and contracts are an important means through which the Council conducts research, transfers technology and strengthens institutional policy within the population field Potential sub recipients submit proposals to the Council which are reviewed by programmatic staff to determine whether the type of study the institution or individual is conducting furthers the activities of the Council and complies with the provisions of grants made to the Council In accordance with Council procedures, granting of an award requires approval by Council programmatic, financial, and administrative staff to ensure the recipient is qualified If the award is funded under a grant to the Council, donor approval may also be required Once approval is granted, the recipient and the treasurer of the Council sign an agreement, which specifies programmatic reporting requirements and a disbursement schedule Programmatic staff periodically make site visits and review project substantive reports Financial staff review periodic financial reports and coordinate with project staff before further payments are disbursed</p> |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| SCHEDULE F, PARTS I, II & III | PURPOSE OF ACTIVITIES RH = REPRODUCTIVE HEALTH RESEARCH PGY = POVERTY, GENDER & YOUTH RESEARCH HV = HIV & AIDS RESEARCH |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE F, PARTS II & III | Schedule F, Part II excludes grants and other assistance to organizations or entities outside the United States under \$5,000 that in aggregate total \$8,102 and also excludes returned grants and other assistance to organizations or entities outside the United States that in aggregate total \$184,469 |

Additional Data

Software ID:

Software Version:

EIN: 13-1687001

Name: THE POPULATION COUNCIL INC

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|---|-----------------------------------|
| Central America and the Caribbean | | | Grantmaking | | 63,201 |
| Central America and the Caribbean | 1 | 13 | Program Services | PGY | 1,059,324 |
| Europe (Including Iceland and Greenland) | | | Grantmaking | | 656,050 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Central America and the Caribbean | | | Investments | | 593,324 |
| North America | 1 | 7 | Program Services | RH, PGY | 1,189,354 |
| South Asia | | | Grantmaking | | 835,802 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------|-------------------------------------|---|--|--|-----------------------------------|
| South Asia | 3 | 121 | Program Services | hiv, RH, PGY | 7,017,179 |
| East Asia and the Pacific | 1 | 1 | Program Services | hiv, RH | 168,023 |
| East Asia and the Pacific | | | Grantmaking | | 165,729 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | | | Grantmaking | | 27,061 |
| Middle East and North Africa | 1 | 16 | Program Services | RH, PGY, HIV | 922,535 |
| Sub-Saharan Africa | | | Grantmaking | | 3,021,483 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | 7 | 182 | Program Services | RH, PGY, HIV | 14,359,825 |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Central America and the Caribbean | PGY | 11,696 | Wire | | | |
| | | Central America and the Caribbean | PGY | 14,972 | Wire | | | |
| | | Central America and the Caribbean | RH | 36,533 | Wire | | | |
| | | East Asia and the Pacific | HIV | 72,328 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | HIV | 69,960 | Wire | | | |
| | | East Asia and the Pacific | rh | 23,441 | Wire | | | |
| | | Europe (Including Iceland and Greenland) | PGY, RH, HIV | 330,221 | Wire | | | |
| | | Europe (Including Iceland and Greenland) | PGY | 46,300 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RH | 163,813 | Wire | | | |
| | | Europe (Including Iceland and Greenland) | RH | 34,815 | Wire | | | |
| | | Europe (Including Iceland and Greenland) | RH | 159,225 | Wire | | | |
| | | Europe (Including Iceland and Greenland) | RH | 32,252 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Europe (Including Iceland and Greenland) | RH | 9,711 | Wire | | | |
| | | Middle East and North Africa | PGY | 22,471 | Wire | | | |
| | | Middle East and North Africa | PGY | 8,897 | Wire | | | |
| | | South Asia | | 31,629 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | HIV | 22,431 | Wire | | | |
| | | South Asia | HIV | 23,872 | Wire | | | |
| | | South Asia | PGY | 188,887 | Wire | | | |
| | | South Asia | PGY | 193,079 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | PGY | 13,145 | Wire | | | |
| | | South Asia | PGY | 11,088 | Wire | | | |
| | | South Asia | PGY | 5,335 | Wire | | | |
| | | South Asia | RH | 52,990 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | South Asia | RH | 46,712 | Wire | | | |
| | | South Asia | RH | 50,862 | Wire | | | |
| | | South Asia | RH | 90,017 | Wire | | | |
| | | South Asia | RH | 105,000 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | HIV | 84,596 | Wire | | | |
| | | Sub-Saharan Africa | HIV | 306,960 | Wire | | | |
| | | Sub-Saharan Africa | HIV | 19,912 | Wire | | | |
| | | Sub-Saharan Africa | HIV | 13,144 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | HIV | 115,814 | Wire | | | |
| | | Sub-Saharan Africa | HIV | 63,480 | Wire | | | |
| | | Sub-Saharan Africa | HIV | 75,362 | Wire | | | |
| | | Sub-Saharan Africa | HIV | 64,220 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | HIV | 15,879 | Wire | | | |
| | | Sub-Saharan Africa | HIV | 12,335 | Wire | | | |
| | | Sub-Saharan Africa | PGY | 11,021 | Wire | | | |
| | | Sub-Saharan Africa | PGY | 35,907 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | PGY | 412,540 | Wire | | | |
| | | Sub-Saharan Africa | PGY | 9,735 | Wire | | | |
| | | Sub-Saharan Africa | PGY | 9,954 | Wire | | | |
| | | Sub-Saharan Africa | PGY | 757,233 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | PGY | 95,144 | Wire | | | |
| | | Sub-Saharan Africa | PGY | 6,366 | Wire | | | |
| | | Sub-Saharan Africa | PGY | 179,920 | Wire | | | |
| | | Sub-Saharan Africa | PGY | 59,752 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | PGY | 30,343 | Wire | | | |
| | | Sub-Saharan Africa | PGY | 5,562 | Wire | | | |
| | | Sub-Saharan Africa | PGY | 94,994 | Wire | | | |
| | | Sub-Saharan Africa | RH | 227,906 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | RH | 9,384 | Wire | | | |
| | | Sub-Saharan Africa | RH | 15,724 | Wire | | | |
| | | Sub-Saharan Africa | RH | 31,171 | Wire | | | |
| | | Sub-Saharan Africa | RH | 90,892 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | RH | 29,343 | Wire | | | |
| | | Sub-Saharan Africa | RH | 12,849 | Wire | | | |
| | | Sub-Saharan Africa | RH | 25,000 | Wire | | | |
| | | Sub-Saharan Africa | RH | 28,419 | Wire | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|--|--------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Sub-Saharan Africa | RH | 19,931 | Wire | | | |
| | | Sub-Saharan Africa | RH | 19,800 | Wire | | | |
| | | Sub-Saharan Africa | RH | 42,059 | Wire | | | |
| | | Sub-Saharan Africa | RH | 17,566 | WIRE | | | |

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

Name of the organization
THE POPULATION COUNCIL INC

Employer identification number

13-1687001

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | ▶ | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | (a)Event #1 | (b)Event #2 | (c)Other events | (d) |
|---|-----------------------------|--------------|----------------------------|---|
| | GALA (event type) | (event type) | 0 (total number) | Total events (add col (a) through col (c)) |
| Revenue | | | | |
| 1 Gross receipts | 465,800 | | | 465,800 |
| 2 Less Contributions | 442,880 | | | 442,880 |
| 3 Gross income (line 1 minus line 2) | 22,920 | | | 22,920 |
| Direct Expenses | | | | |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | | | | |
| 7 Food and beverages | 61,766 | | | 61,766 |
| 8 Entertainment | 3,411 | | | 3,411 |
| 9 Other direct expenses | 38,759 | | | 38,759 |
| 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 103,936 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -81,016 |

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | (a)Bingo | (b)Pull tabs/Instant bingo/progressive bingo | (c)Other gaming | (d) |
|---|---|---|---|--|
| | | | | Total gaming (add col (a) through col (c)) |
| Revenue | | | | |
| 1 Gross revenue | | | | |
| Direct Expenses | | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| 8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

| | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 16
3 Enter total number of other organizations listed in the line 1 table. 2

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 non-cash assistance |
|----------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1) Reproductive health research | 9 | 162,589 | | | |
| (2) HIV & AIDS research | 2 | 58,847 | | | |
| (3) Poverty & Gender research | 1 | 41,810 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE I, PART I, LINE 2 | GRANT MONITORING MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES Awards and contracts are an important means through which the Council conducts research, transfers technology and strengthens institutional policy within the population field Potential sub recipients submit proposals to the Council which are reviewed by programmatic staff to determine whether the type of study the institution or individual is conducting furthers the activities of the Council and complies with the provisions of grants made to the Council In accordance with Council procedures, granting of an award requires approval by Council programmatic, financial, and administrative staff to ensure the recipient is qualified If the award is funded under a grant to the Council, donor approval may also be required Once approval is granted, the recipient and the treasurer of the Council sign an agreement, which specifies programmatic reporting requirements and a disbursement schedule Programmatic staff periodically make site visits and review project substantive reports Financial staff review periodic financial reports and coordinate with project staff before further payments are disbursed |
| SCHEDULE I, PART II | Schedule I, Part II excludes returned grants and other assistance to governments and organizations in the United States that in aggregate total \$14,230 |
| SCHEDULE I, PARTS II & III | PURPOSE OF ACTIVITIES RH = REPRODUCTIVE HEALTH RESEARCH PGY = POVERTY, GENDER & YOUTH RESEARCH HIV = HIV & AIDS RESEARCH |

Additional Data

Software ID:
Software Version:
EIN: 13-1687001
Name: THE POPULATION COUNCIL INC

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Elisabeth Glaser Pediatric AIDS Foundation 1140 Connecticut AVE WASHINGTON, DC 20036 | 95-4191698 | 501(c)(3) | 772,083 | | | | hiv |
| Family Health International 359 Blackwell Street DURHAM, NC 27701 | 23-7413005 | 501(c)(3) | 217,577 | | | | RH |
| Futures Group International LLC 1000 Main Street DURHAM, NC 27701 | 26-1509671 | | 607,479 | | | | HIV |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Futures Institute 41A New London Turnpike Glastonbury, CT 06033 | 20-4816286 | 501(c)(3) | 556,163 | | | | HIV |
| Icahn School of Medicine at Mount Sinai ONE GUSTAVE L LEVY PLACE Box 1075 NEW YORK, NY 10029 | 13-6171197 | 501(c)(3) | 183,995 | | | | HIV |
| Johns Hopkins University 3910 Keswick Road BALTIMORE, MD 21211 | 52-0595110 | 501(c)(3) | 311,219 | | | | HIV |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Management Sciences for Health Inc 200 Rivers Edge Drive MEDFORD, MA 02155 | 04-2482188 | 501(c)(3) | 372,336 | | | | RH |
| Mercy Corps 45S W Ankeny Street Portland, OR 97204 | 91-1148123 | 501(c)(3) | 107,205 | | | | PGY |
| Meridian Group International Inc 1250 24 street WASHINGTON, DC 20037 | 54-1832764 | | 575,082 | | | | RH |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Population Reference Bureau 1875 Connecticut Ave Washington, DC 20009 | 53-0214030 | 501(c)(3) | 857,610 | | | | RH |
| Program for Appropriate Technology in Health 2201 Westlake Avenue Seattle, WA 98121 | 91-1157127 | 501(c)(3) | 451,802 | | | | RH |
| Save the Children Federation Inc 501 Kings Hwy East FAIRFIELD, CT 06825 | 06-0726487 | 501(c)(3) | 87,524 | | | | pgy |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Tulane University Tulane National Primate Research Center 1430 Tulane Avenue New Orleans, LA 70112 | 72-0423889 | 501(c)(3) | 834,768 | | | | HIV |
| University of North Carolina at Chapel Hill 104 Airport Drive Chapel Hill, NC 27599 | 56-6001393 | 501(c)(3) | 219,147 | | | | |
| University of Alabama at Birmingham 701 20th Street South Birmingham, AL 35294 | 63-6005396 | 501(c)(3) | 188,517 | | | | |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| University of California San Diego 9500 Gilman Drive La Jolla, CA 92093 | 95-6006144 | 501(c)(3) | 8,239 | | | | RH |
| University of Washington 4333 Brooklyn Ave NE seattle, WA 981959472 | 91-6001537 | 115(1) | 227,325 | | | | HIV, RH |
| What Works Association Inc 54 Mills Street Morristown, NJ 07960 | 61-1700250 | 501(c)(3) | 96,136 | | | | RH |

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

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.**

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
THE POPULATION COUNCIL INC

Employer identification number

13-1687001

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1b | Yes | |
| 2 | | No |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| 5a | | No |
| 5b | | No |
| 6a | | No |
| 6b | | No |
| 7 | Yes | |
| 8 | | No |
| 9 | | |

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 are not listed on Form 990, Part VII.

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

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.

| Return Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE J, PART I, LINE 1 & 2 | HOUSING ALLOWANCE THERE IS ONLY ONE TAXABLE HOUSING ALLOWANCE AUTHORIZED AS PART OF THE PRESIDENT'S COMPENSATION PACKAGE, WHICH IS APPROVED BY THE BOARD OF TRUSTEES. THE PRESIDENT RECEIVED A \$28,333 HOUSING ALLOWANCE, PAID MONTHLY. AS THIS IS A HOUSING ALLOWANCE, IT DOES NOT REQUIRE SUBSTANTIATION PRIOR TO REIMBURSEMENT. FORM 990, SCHEDULE J, PART I, LINE 7 naOMI RUTENBERG AND JAMES E. SAILER RECEIVED DISCRETIONARY NON-FIXED PAYMENTS BASED ON PERFORMANCE. |
| FORM 990, SCHEDULE J, PART II | COMPENSATION DETAIL The Council's policies include providing relocation, housing and dependent education allowances to U.S. expatriates and third country national employees hired as international employees from the Council's U.S. headquarters to work at one of the Council's international offices. These benefits are reported as other reportable compensation for U.S. employees and as nontaxable benefits for foreign employees. 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 the employer contributions directly to the Council's foreign employees and is reported as other reportable compensation. |
| FORM 990, SCHEDULE J, PART III | SUPPLEMENTAL INFORMATION Anna Glasier serves as Consulting Senior Scientist to the Population Council's International Committee for Contraception Research (ICCR) due to her expertise in this field. Committee members are expected to undertake planning, execution, and supervision of research and development activities related to new leads in laboratories funded through the Committee. Potential and perceived conflicts of interest are required to be disclosed by written policy and consent. When appropriate and as applicable, those committee members with potential conflicts recuse themselves from funding decisions. |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization
THE POPULATION COUNCIL INC

Employer identification number
13-1687001

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 6 | 2,824,223 | FMV |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

29

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | No |
| b If "Yes," describe the arrangement in Part II | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | No |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

Part II Supplemental Information.

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

| Return Reference | Explanation |
|--------------------------------|---|
| SCHEDULE M, PART I, COLUMN (B) | NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED THE COUNCIL IS REPORTING THE NUMBER OF CONTRIBUTIONS |

**SCHEDULE O
(Form 990 or
990-EZ)**

Supplemental Information to Form 990 or 990-EZ

2015
Open to Public
Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the
Treasury
Internal Revenue
Service

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

| Return Reference | Explanation |
|--------------------------------|--|
| FORM 990, PART I, LINE 1 | <p>ORGANIZATION'S MISSION The Population Council confronts critical health and development issues, from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.</p> <p>POPULATION COUNCIL RESEARCHERS WORK WITHIN THREE PROGRAM AREAS: HIV AND AIDS, POVERTY, GENDER, AND YOUTH, AND REPRODUCTIVE HEALTH.</p> <p>HIV AND AIDS The goal of this program is to stop the spread of HIV globally, especially among the growing number of women and girls affected, and to enable people to mitigate the impact of the disease on their own health and on their families and communities. Council staff members conduct basic research on transmission of HIV and are developing multi-purpose prevention technologies to reduce women's risk of HIV infection. The Council also collaborates with programs around the world, especially in Africa, to improve HIV prevention, care, and treatment to people living with HIV.</p> <p>POVERTY, GENDER, AND YOUTH THE GOAL OF THE PROGRAM IS TO BUILD A COHERENT BODY OF POLICY ORIENTED RESEARCH AND PROGRAMS WHICH CONTRIBUTES MEANINGFULLY TO GLOBAL EFFORTS THAT IMPROVE THE LIVES OF VULNERABLE POPULATIONS, ESPECIALLY DISADVANTAGED GIRLS. COUNCIL STAFF WORK TO ADVANCE THE STATE OF KNOWLEDGE ON ISSUES FACING THE MOST VULNERABLE POPULATIONS IN DEVELOPING COUNTRIES THROUGH RIGOROUS POLICY AND PROGRAM ORIENTED POPULATION RESEARCH, PREVENT AND MITIGATE THE MOST URGENT AND DIFFICULT PROBLEMS FACING THESE POPULATIONS THROUGH THE DESIGN AND EVALUATION OF COUNTRY-BASED PROGRAMS, INFORM AND INFLUENCE INSTITUTIONAL AND PUBLIC POLICIES BY PROMOTING KNOWLEDGE GAINED THROUGH THE PROGRAMS RESEARCH AND PROGRAMS, IMPROVE THE COMPETENCE AND CAPACITY OF THE NEXT GENERATION OF RESEARCHERS TO CONDUCT POLICY AND PROGRAM ORIENTED POPULATION RESEARCH. THE COUNCIL'S WORK HAS HAD A DEMONSTRABLE IMPACT IN EGYPT, ETHIOPIA, GUATEMALA, INDIA, KENYA, SOUTH AFRICA, AND ELSEWHERE.</p> <p>REPRODUCTIVE HEALTH THE GOAL OF THE PROGRAM IS TO IMPROVE SEXUAL AND REPRODUCTIVE HEALTH, ESPECIALLY FOR DISADVANTAGED POPULATIONS IN DEVELOPING COUNTRIES. STAFF MEMBERS DEVELOP AND INTRODUCE NEW CONTRACEPTIVES AND MEANS TO PREVENT, DETECT, AND TREAT SEXUALLY TRANSMITTED INFECTIONS, HELP FORMULATE EVIDENCE-BASED POLICIES, AND EVALUATE INNOVATIONS IN SERVICE DELIVERY. WE COLLABORATE EXTENSIVELY WITH LOCAL AND REGIONAL GOVERNMENTS AND NONGOVERNMENTAL ORGANIZATIONS WORLDWIDE TO EXPAND ACCESS TO HIGH-QUALITY HEALTH SERVICES, INCREASE OPTIONS FOR SAFE, AFFORDABLE, AND REVERSIBLE CONTRACEPTION FOR MEN AND WOMEN, AND SHAPE POLICIES AND PROGRAMS TO IMPROVE HEALTH OUTCOMES. THE COUNCIL'S FELLOWSHIP PROGRAMS HAVE HELPED ADVANCE THE CAREERS OF SOCIAL AND BIOMEDICAL SCIENTISTS, PUBLIC HEALTH RESEARCHERS, AND PROGRAM MANAGERS THROUGHOUT THE WORLD. THE WORK OF COUNCIL FELLOWS HAS FOSTERED RESEARCH AND INFORMED THE CREATION OF POPULATION, HEALTH, AND DEVELOPMENT POLICIES AND PROGRAMS. THE COUNCIL'S WORLD-CLASS CENTER FOR BIOMEDICAL RESEARCH, LOCATED AT ROCKEFELLER UNIVERSITY, CONDUCTS RESEARCH IN CONTRACEPTION AND REPRODUCTIVE HEALTH. RESEARCHERS ARE STUDYING THE BIOLOGY OF MALE REPRODUCTION AND DEVELOPING NEW CONTRACEPTIVE TECHNOLOGIES. THE COUNCIL HAS RECENTLY COMPLETED CLINICAL TRIALS OF A NEW CONTRACEPTIVE VAGINAL RING. TO DATE, MORE THAN 120 MILLION WOMEN WORLDWIDE HAVE USED POPULATION COUNCIL DEVELOPED METHODS OF CONTRACEPTION, WHICH INCLUDE THE COPPER-BEARING INTRAUTERINE DEVICES (IUDS), JADELLE, AND MIRENA. THE CENTER ALSO DEVELOPS PRODUCTS TO INHIBIT THE TRANSMISSION OF HIV and other sexually transmitted infections.</p> <p>POPULATION COUNCIL RESEARCHERS ADVOCATE FOR SOLUTIONS TO REAL-WORLD PROBLEMS-SOLUTIONS THAT ARE EVIDENCE-BASED, RIGOROUSLY TESTED, EVALUATED, AND PROVEN EFFECTIVE. AFTER WE DEMONSTRATE THE EFFECTIVENESS OF A PROGRAM, WE PROMOTE ITS REPLICATION AND PROVIDE TECHNICAL ASSISTANCE TO SCALE IT UP, WHILE INFORMING POLICYMAKERS OF THE LESSONS LEARNED THROUGH CAREFUL MONITORING AND EVALUATION. USING OUR RESEARCH FINDINGS, OTHER ORGANIZATIONS DELIVER IMPROVED AND MORE COST-EFFECTIVE SERVICES THAT REACH PEOPLE MOST IN NEED. THE COUNCIL STAFF CONSISTS OF APPROXIMATELY 588 WOMEN AND MEN FROM OVER 30 COUNTRIES. ROUGHLY 60 PERCENT ARE BASED OUTSIDE OF THE UNITED STATES. COUNCIL STAFF MEMBERS CONDUCT RESEARCH AND PROGRAMS IN 50 COUNTRIES. RESEARCH, TECHNICAL ASSISTANCE, AND CAPACITY BUILDING ARE CARRIED OUT BY THE POPULATION COUNCIL'S U.S. AND FIELD OFFICES AND ITS THREE PROGRAM AREAS. 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 14 OFFICES IN AFRICA, ASIA, LATIN AMERICA, AND THE MIDDLE EAST. THE POPULATION COUNCIL IS GOVERNED BY A BOARD OF TRUSTEES COMPOSED OF 18 MEN AND WOMEN FROM SEVEN COUNTRIES. THIS GROUP INCLUDES LEADERS IN BIOMEDICINE, BUSINESS, ECONOMIC DEVELOPMENT, GOVERNMENT, HEALTH, INTERNATIONAL FINANCE, LAW, THE MEDIA, PHILANTHROPY, AND SOCIAL SCIENCE.</p> |

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART I, LINE 5 | NUMBER OF EMPLOYEES THE COUNCIL STAFF CONSISTS OF 588 WOMEN AND MEN FROM OVER 30 COUNTRIES ONLY 248 OF THE COUNCILS 588 EMPLOYEES ARE EITHER BASED IN THE UNITED STATES OR ARE CITIZENS OF THE UNITED STATES THE OTHER 340 COUNCIL EMPLOYEES ARE NON-U S CITIZENS BASED OUTSIDE OF THE UNITED STATES AND ARE THEREFORE NOT ISSUED A W-2 |

| Return Reference | Explanation |
|----------------------------|---|
| FORM 990, PART III, LINE 4 | <p>LINE 4A) Reproductive Health ----- The Population Council's Reproductive Health program works to improve the sexual and reproductive health of vulnerable populations in developing countries. Staff members develop and introduce new contraceptives and means to prevent, detect, and treat sexually transmitted infections, help formulate evidence-based policies, and evaluate innovations in service delivery. We collaborate extensively with local and regional governments and nongovernmental organizations worldwide to expand access to high-quality health services, increase the options for safe, affordable, and reversible contraception for men and women, and shape policies and programs to improve health outcomes. Current program priorities include - Increasing access to family planning and other reproductive health services in countries with unmet need and where clients are unable to achieve reproductive health goals - Reducing maternal mortality and morbidity, focusing on sub-Saharan Africa and South Asia, as well as vulnerable groups in other regions - Reducing critical reproductive health service usage inequalities related to wealth, age and gender - Developing and testing the effectiveness and acceptability of new reproductive health technologies designed to benefit women and men in developing countries - Developing collaborative relationships with pharmaceutical companies to license, register and/or manufacture technologies developed by the Council to support increased access and choice in programs in developing countries.</p> <p>2015 Key Accomplishments POPULATION SUMMIT 2015 - PUTTING PEOPLE FIRST IN PAKISTAN'S DEVELOPMENT AGENDA Two out of three women in Pakistan are not using contraception, and maternal mortality is unacceptably high. In partnership with the government of Pakistan and UNFPA, the Council cohosted a landmark Population Summit. Impact: An historic consensus was forged among national and religious LEADERS ON THE IMPORTANCE OF PRIORITIZING HEALTH AND DEVELOPMENT ISSUES IN PARTICULAR TO THE NEED FOR URGENT ATTENTION TO BIRTH SPACING AND GIRLS' EDUCATION. Misoprostol use in Senegal In Senegal, misoprostol, a drug essential for management of postpartum hemorrhage and post-abortion care, is scarcely available. The Population Council's STEP UP project found that only 1 out of 3 private-sector pharmacists sold misoprostol. Impact: This finding prompted an expansion of regional service training to include pharmacists and increased the number of pharmacists stocking the drug for maternal health indications --from 253 to 415 in a six-month period. It also led to a commitment from the Ministry of Health to train pharmacists on all essential medicines, including misoprostol. Nestorone / Ethinyl Estradiol (NES/EE) Contraceptive Vaginal Ring When a new contraceptive product is made available, overall contraceptive use increases by as much as 8 percent. The Population Council and WomanCare Global, a nonprofit health-care company, announced a worldwide licensing agreement that will add an important new woman-controlled, long-acting, reversible family planning method to the mix. Impact: If the Council-developed NES/EE contraceptive vaginal ring is approved by the U.S. Food and Drug Administration, this licensing agreement will give millions of women around the world access to a new contraceptive option. In clinical trials, 89 percent of women were satisfied with the NES/EE ring. Fifth Research Meeting on Unwanted Pregnancy and Unsafe Abortion in Mexico In Mexico, where more than half of all pregnancies are unintended, the Population Council and the National Pro-Choice Alliance hosted the Fifth Research Meeting on Unwanted Pregnancy and Unsafe Abortion. Impact: The meeting strengthened the collaboration between civil society organizations and public institutions to expand the discussion about abortion rights and bring about the global change needed to save lives and improve the quality of abortion services. Report by the Population Council and Family Planning 2020 MORE THAN 225 MILLION WOMEN IN DEVELOPING COUNTRIES WANT TO PREVENT OR DELAY PREGNANCY BUT ARE NOT USING A MODERN METHOD OF CONTRACEPTION. A REPORT BY THE POPULATION COUNCIL AND FAMILY PLANNING 2020, "CONTRACEPTIVE DISCONTINUATION: REASONS, CHALLENGES, AND SOLUTIONS", FOUND THAT AMONG WOMEN REPORTING UNMET NEED FOR CONTRACEPTION, 1 IN 3 HAD USED A MODERN METHOD IN THE PAST BUT DISCONTINUED USE WITHIN ONE YEAR. MORE THAN HALF STOPPED WITHIN TWO YEARS. Impact: These findings highlight the need to identify what can be done to meet the family planning needs of women. Studies in Family Planning and RH Reality Check In Studies in Family Planning and RH Reality Check, Council experts Anrudh Jain and Saumya RamaRao called for family planning initiatives to focus on the real-life needs of people, not numerical targets, in measuring progress. Impact: Their analysis urged the global community to ensure that efforts to expand access to family planning prioritize the needs, desires, and wellbeing of women, with a focus on quality of care, voluntary use, and informed choice.</p> <p>LINE 4B) HIV AND AIDS PROGRAM ----- The Population Council takes a broad and comprehensive approach to HIV prevention, care, and treatment. The HIV and AIDS program encompasses basic research in immunology, development and introduction of safe, effective HIV and STI prevention products, social science and health-related research to better understand the social and behavioral aspects of HIV and AIDS, and the development, evaluation, and scale-up of effective service-delivery models. Current program priorities include - ADVANCE THE UNDERSTANDING OF THE BIOLOGICAL MECHANISMS OF HIV TRANSMISSION AND DISEASE PROGRESSION - DEVELOP AND TEST MICRO-purpose prevention technologies to prevent transmission of HIV, other sexually transmitted infections, and/or unintended pregnancy - FOSTER THE INTRODUCTION AND SCALE-UP OF HIV PREVENTION TECHNOLOGIES - IMPROVE THE DELIVERY OF AND ACCESS TO HIV PREVENTION, CARE, AND TREATMENT FOR UNDERSERVED POPULATIONS - IMPROVE THE QUALITY OF LIFE OF CHILDREN AND ADOLESCENTS INFECTED AND AFFECTED BY HIV - UTILIZE SOCIAL NETWORKS TO REDUCE HIV ACQUISITION AND TRANSMISSION.</p> <p>2015 Key Accomplishments Addressing Gender and Power in Comprehensive Sexuality and HIV Education Programs Research by the Population Council found that comprehensive sexuality and HIV education programs that address gender and power are five times more likely to be effective at reducing STIs and/or unintended pregnancy than those that do not. Impact: This work reinforces recommendations in the Council's Its All One Curriculum Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, which is reshaping sexuality and HIV education around the world. National Strategy for Young People in Nigeria Nearly 3 percent of 1519-year-olds are infected with HIV in Nigeria. Impact: Council experts collaborated with the government to develop the first-ever national HIV strategy for young people and guidelines on young peoples access to sexual and reproductive health services and participation in research. HIV vulnerabilities of women and young people in Egypt The Council conducted groundbreaking research to identify the HIV vulnerabilities of women and young people in Egypt. While overall HIV prevalence is low, key populations are at extremely high risk for infection. Council experts found that women are frequently put at risk because their husbands are HIV infected and don't know or tell their wives. Impact: Egyptian policymakers committed to reexamining policies, including the national AIDS strategy, to expand women's access to HIV information and services, including the feasibility of HIV testing as part of services such as antenatal care. Clinical Study of a New Microbicide, PC-1005 Scientists at the Council's Center for Biomedical Research completed the first clinical study of a new microbicide, PC-1005, which is designed to protect women and men against HIV, herpes simplex virus 2, and human papilloma virus during vaginal and anal intercourse. Impact: If proven effective, PC-1005 has the potential to help protect many of the 1 million women and men who contract a sexually transmitted infection daily. Intimate Partner Violence (IPV) and HIV Intimate partner violence (IPV) and HIV risk are often connected. Impact: Council research in Kenya revealed that screening women for IPV during HIV testing and counseling empowers women and increases the likelihood that they will both disclose an experience of violence and seek services to address it.</p> <p>LINE 4C) POVERTY, GENDER, AND YOUTH ----- Through the Poverty, Gender, and Youth (PGY) program, Population Council staff members seek to understand and address the social dimensions of poverty, the causes and consequences of gender inequality, the disparities in opportunity that are</p> |

| Return Reference | Explanation |
|--------------------------|--|
| FORM 990 PART V, LINE 4B | FOREIGN COUNTRIES IN WHICH THE COUNCIL HAS AUTHORITY OVER A FOREIGN ACCOUNT 1 Bangladesh 2 Burkina Faso 3 Egypt 4 Ethiopia 5 Ghana 6 Guatemala 7 INDIA 8 KENYA 9 Mexico 10 Nigeria 11 Pakistan 12 Senegal 13 South Africa 14 Sudan 15 Zambia |

| Return Reference | Explanation |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 11 | 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 Councils 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 Councils Board of Trustees. |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12B AND 12C | <p>CONFLICT OF INTEREST POLICY Each year, trustees and officers 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 require employee affirmation in writing. The policy and disclosure forms are distributed every other year to all employees and require employee affirmation. All employees are required to disclose conflicts 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.</p> |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15A | COMPENSATION OF PRESIDENT The Council's Board of Trustees delegated to the Hiring Committee responsibility for reviewing and approving the compensation of the President at the time the position was being recruited The Board of Trustees Executive Committee comprised of independent trustees, reviews and approves the compensation of the President annually Comparable compensation data is used and deliberations and decisions are contemporaneously documented |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15B | COMPENSATION OF OFFICERS AND KEY EMPLOYEES The Board of Trustees Executive Committee, comprised of independent trustees, reviews and approves the compensation of the officers and key employees at the time of hire and annually Comparable compensation data is used and deliberations and decisions are contemporaneously documented |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | DOCUMENT DISCLOSURE The Council posts on its external website, at www popcouncil org , the most recent three years of audited financial statements and corresponding Forms 990 Copies of the Councils 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 Councils 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 |

| Return Reference | Explanation |
|---------------------------|--|
| FORM 990, PART XI, LINE 9 | OTHER CHANGES IN NET ASSETS (32,781) LOSS ON LEASE OBLIGATIONS AND OTHER, NET (811,075) PENSION AND OTHER POSTRETIREMENT CHANGES (109,651) RECOVERIES OF PRIOR YEAR GRANTS ----- (953,507) ===== |

| Return Reference | Explanation |
|---------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION CONSULT & OTHER PROFESS FEES TOTAL FEES 1898182 |

| Return Reference | Explanation |
|---------------------------|--|
| FORM 990 PART IX LINE 11G | DESCRIPTION TEMP AGENCY FEES TOTAL FEES 278049 |

| Return Reference | Explanation |
|---------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION EMPLOYMENT SEARCH EXPENSES TOTAL FEES 48058 |

| Return Reference | Explanation |
|---------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION IT SUPPORT SERVICES TOTAL FEES 124570 |

| Return Reference | Explanation |
|---------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION LICENSE & ROYALTY FEES TOTAL FEES 19405 |

Return Reference**Explanation**

FORM 990 PART IX LINE 11G

DESCRIPTION REGULATORY FILING FEES TOTAL FEES 41900

Return Reference**Explanation**

FORM 990 PART IX LINE 11G

DESCRIPTION PROGRAM PERSONNEL FEES TOTAL FEES 1773378

Return Reference**Explanation**

FORM 990 PART IX LINE 11G

DESCRIPTION PROGRAM SVCS PURCHASED FOR OTH TOTAL FEES 84464

| Return Reference | Explanation |
|---------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION BIOMEDICAL RESEARCH FEES TOTAL FEES 3870382 |

| Return Reference | Explanation |
|---------------------------|--|
| FORM 990 PART IX LINE 11G | DESCRIPTION OTHER SPECIALTY SERVICES TOTAL FEES 436401 |