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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury

Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ 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)

ONE DAG HAMMARSKJOLD PLAZA Suite 3R

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10017

F Name and address of principal officer

JULIA BUNTING

ONE DAG HAMMARSKJOLD PLAZA

NEW YORK, NY 10017

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

13-1687001

E Telephone number

(212) 339-0500

G Gross receipts \$

136,450,387

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW POPCOUNCIL ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1952

M State of legal domicile

NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

IMPROVE THE WELL-BEING AND REPRODUCTIVE HEALTH OF CURRENT AND FUTURE GENERATIONS AROUND THE WORLD FOR MORE INFORMATION, SEE SCHEDULE O

2 Check this box ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶873,739

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

2017-10-17

Date

Paid Preparer Use Only

Print/Type preparer's name

DEVIN L DUNCAN

Preparer's signature

DEVIN L DUNCAN

Date

2017-10-10

Check ☐ if self-employed

PTIN

P01249521

Firm's name ▶

KPMG LLP

Firm's EIN ▶

Firm's address ▶

345 Park Avenue

New York, NY 101540102

Phone no (212) 758-9700

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 31,461,204	including grants of \$ 3,899,842)	(Revenue \$)
See Additional Data				

4b	(Code)	(Expenses \$ 23,075,388	including grants of \$ 6,645,457)	(Revenue \$)
See Additional Data				

























4c	(Code)	(Expenses \$ 14,697,377	including grants of \$ 2,416,911)	(Revenue \$)
See Additional Data				

See Additional Data Table

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 1,452,309	including grants of \$	(Revenue \$ 85,445)	

4e	Total program service expenses ▶	70,686,278
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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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 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 	3	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 	4 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 	5	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 	6	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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	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 	9	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 	10 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 	11a 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 	11b 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 	11c	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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e 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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a 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 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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 	14b 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 	15 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 	16	No
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) 	17	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 	18 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 	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	Yes	
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>	Yes	
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>	Yes	
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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
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>		No
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>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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>		No
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	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	141
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	274
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

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 instructionsCheck 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	1a 18		
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			
b Enter the number of voting members included in line 1a, above, who are independent	1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		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?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a Yes	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b Yes	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14 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?		
a The organization's CEO, Executive Director, or top management official	15a Yes	
b Other officers or key employees of the organization	15b 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?	16a Yes	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b 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) 339-0500	

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

Form **990** (2016)

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										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,653,845	0	567,246

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 ► 94

	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
LEARNER DAVID LITTENBERG KRUMHOLZ ME, 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090	LEGAL SERVICES	193,598
Accenture LLP, 1160 West Swedesford Road BERWYN, PA 19312	Consulting	200,902
KCAS LLC, 12400 Shawnee Mission Pkwy SHAWNEE, KS 66216	RESEARCH	147,581
KPMG LLP, PO BOX 120001 DALLAS, TX 75312	AUDIT & TAX SERVICES	196,500
GRANT THORNTON, 666 THIRD AVENUE NEW YORK, NY 10017	INTERNAL AUDIT	116,052

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 5

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	1,332			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	148,187			
	d Related organizations	1d				
	e Government grants (contributions)	1e	46,845,760			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,431,961			
	g Noncash contributions included in lines 1a-1f \$		2,204,888			
	h Total. Add lines 1a-1f		72,427,240			
Program Service Revenue		Business Code				
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue		0			
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,856,838			1,856,838
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		4,027,938			4,027,938
	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 (ii) Other	58,027,097 1,454			
	b Less cost or other basis and sales expenses	53,516,466 112,138				
	c Gain or (loss)	4,510,631 -110,684				
	d Net gain or (loss)		4,399,947			4,399,947
	8a Gross income from fundraising events (not including \$ 148,187 of contributions reported on line 1c) See Part IV, line 18	a	24,375			
	b Less direct expenses	b	88,056			
	c Net income or (loss) from fundraising events		-63,681			-63,681
	9a Gross income from gaming activities See Part IV, line 19	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a	0			
	b Less cost of goods sold	b	0			
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue Business Code					
	11a PUBLICATIONS REVENUE	511190	71,977	71,977		
b MISCELLANEOUS REVENUE	900099	13,468	13,468			
c _____						
d All other revenue						
e Total. Add lines 11a-11d		85,445				
12 Total revenue. See Instructions		82,733,727	85,445		10,221,042	

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,537,724	6,537,724		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	228,791	228,791		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	6,195,695	6,195,695		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	2,863,685	1,799,391	953,893	110,401
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.	31,103,628	24,155,418	6,586,500	361,710
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,435,983	1,821,343	588,351	26,289
9 Other employee benefits.	5,687,713	4,252,606	1,373,726	61,381
10 Payroll taxes.	1,596,636	1,193,777	385,628	17,231
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	276,191	249,804	26,387	
c Accounting.	490,831	108,629	382,202	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	196,441		196,441	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,994,043	8,546,686	349,046	98,311
12 Advertising and promotion.	6,084	6,084		
13 Office expenses.	1,109,155	815,404	286,335	7,416
14 Information technology.	746,023	338,551	407,472	
15 Royalties.	0			
16 Occupancy.	6,122,461	5,319,102	703,562	99,797
17 Travel.	4,333,451	3,864,256	404,266	64,929
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	2,754,678	2,550,138	197,438	7,102
20 Interest.	10,451	10,451		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	1,403,029	750,107	652,774	148
23 Insurance.	353,210	184,202	169,008	
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 LABORATORY SUPPLIES	1,247,924	1,247,924		
b PRINTING & PUBLICATIONS	549,104	435,125	101,929	12,050
c PROCESSING FEES	139,930	61,456	71,500	6,974
d BAD DEBTS	25,459	3,407	22,052	
e All other expenses	24,237	10,207	14,030	
25 Total functional expenses. Add lines 1 through 24e.	85,432,557	70,686,278	13,872,540	873,739
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,094,177	1	8,903,899
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	14,427,276	3	15,120,971
	4 Accounts receivable, net	784,760	4	698,549
	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	2,174,454	9	1,801,992
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	27,841,897		
	b Less: accumulated depreciation	15,075,978		
		12,821,446	10c	12,765,919
	11 Investments—publicly traded securities	85,281,355	11	80,938,147
	12 Investments—other securities. See Part IV, line 11	15,355,096	12	17,791,059
	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	4,936,887	15	4,799,958
	16 Total assets. Add lines 1 through 15 (must equal line 34)	144,875,451	16	142,820,494
Liabilities	17 Accounts payable and accrued expenses	4,981,777	17	4,987,707
	18 Grants payable	5,468,649	18	5,742,584
	19 Deferred revenue	23,721,889	19	21,998,961
	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	4,611,820	24	4,513,866
	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	15,470,796	25	15,505,854
	26 Total liabilities. Add lines 17 through 25	54,254,931	26	52,748,972
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	74,108,810	27	73,741,070
	28 Temporarily restricted net assets	11,025,934	28	10,844,676
	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	90,620,520	33	90,071,522
	34 Total liabilities and net assets/fund balances	144,875,451	34	142,820,494

Part XI Reconciliation of Net AssetsCheck 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	82,733,727
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,432,557
3	Revenue less expenses Subtract line 2 from line 1	3	-2,698,830
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90,620,520
5	Net unrealized gains (losses) on investments	5	1,996,448
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	153,384
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,071,522

Part XII Financial Statements and ReportingCheck 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
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

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

(Code) (Expenses \$ 1,349,942 including grants of \$) (Revenue \$ 71,977) PUBLICATIONS - SEE SCH O
(Code) (Expenses \$ 102,367 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 \$ 13,468)
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	40 0 0 0	X		X				436,239	0	55,354
Mark A Walker End 123016 Chairman of the Board	1 0 0 0	X						0	0	0
Darcy Bradbury Start 123016 Chairman of the Board	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
Anna Mastroianni Trustee	1 0 0 0	X						0	0	0
Cheikh Mbacke Trustee	1 0 0 0	X						0	0	0
LAUREN A MESERVE 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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ZULFIQAR A BHUTTA Trustee	1 0 0 0	X						0	0	0
Anne R Pebley TRUSTEE, END 6/30/16	1 0 0 0	X						0	0	0
Terry Peigh Trustee	1 0 0 0	X						0	0	0
K Sujatha Rao Trustee	1 0 0 0	X						0	0	0
Elizabeth Eder Zobel de Ayala Trustee	1 0 0 0	X						0	0	0
MARC L SAIONTZ Trustee	1 0 0 0	X						0	0	0
Theo Spencer Trustee	1 0 0 0	X						0	0	0
AMY ONG TSUI TRUSTEE	1 0 0 0	X						0	0	0
Jeffrey Spieler TRUSTEE, START 7/1/16	1 0 0 0	X						0	0	0
Kaye Wellings TRUSTEE, START 7/1/16	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			
ANN K BLANC VP, Social & Beh Science RSCH	40 0 0 0			X				257,152	0	36,863
John Bongaarts Vice President & DISTING SCHLR	40 0 0 0			X				275,913	0	46,920
Naomi Rutenberg VP, HIV & AIDS PROGRAM	40 0 0 0			X				338,873	0	57,788
James E Sailer VP & Exec Dir, Ctr for Bio RSH	40 0 0 0			X				282,464	0	27,582
John W Townsend VP, REPRODUCTIVE HEALTH PGM	40 0 0 0			X				299,378	0	46,920
Patricia C Vaughan General Counsel and Secretary	40 0 0 0			X				258,030	0	36,863
Eric Walker Start 6116 Chief Financial Officer	40 0 0 0			X				154,147	0	19,832
Maria Aguilar Director, International Ops	40 0 0 0				X			180,501	0	46,008
George Creasy MEDICAL DIRECTOR-NDA CBR	40 0 0 0					X		285,022	0	57,788
Annabel Erulkar Senior Associate & Country Dir	40 0 0 0					X		239,473	0	45,157

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			
Julie Pulerwitz Program Director, HIV & AIDS	40 0 0 0					X		216,920	0	25,726
Judith Bruce Senior Program Associate	40 0 0 0					X		211,995	0	36,863
KAREN A HARDEE Snr Asst & Project Dir, EVIDEN	40 0 0 0					X		211,738	0	27,582

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	55,236,787	74,820,045	75,254,425	71,368,781	72,427,240	349,107,278
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	55,236,787	74,820,045	75,254,425	71,368,781	72,427,240	349,107,278
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)						20,848,766
6	Public support. Subtract line 5 from line 4						328,258,512

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	55,236,787	74,820,045	75,254,425	71,368,781	72,427,240	349,107,278
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,354,131	4,843,814	6,896,374	6,557,660	5,884,776	33,536,755
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.)	66,421	89,546	29,116	77,642	85,445	348,170
11	Total support. Add lines 7 through 10						382,992,203
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 2016 (line 6, column (f) divided by line 11, column (f))	14 85.709 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 85.799 %
16a	33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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		85,432,557													
e Total exempt purpose expenditures (add lines 1c and 1d)		85,432,557													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><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?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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	200	0	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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493291007367

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

2016

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

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

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

8

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

9

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

10

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

11

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	86,726,130	100,183,198	101,530,278	88,064,052	83,561,374
b Contributions	1,603,423	358,143	4,200	4,000	3,800
c Net investment earnings, gains, and losses	8,192,658	-4,624,840	6,671,964	18,180,927	10,797,232
d Grants or scholarships					
e Other expenditures for facilities and programs	9,229,823	9,058,792	7,895,944	4,602,625	6,168,948
f Administrative expenses	121,120	131,579	127,300	116,076	129,406
g End of year balance	87,171,268	86,726,130	100,183,198	101,530,278	88,064,052

2

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

a

Board designated or quasi-endowment

82 700 %

b

Permanent endowment

6 300 %

c

Temporarily restricted endowment

11 000 %

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

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	0	22,419,080	11,500,328	10,918,752
d Equipment	0	4,147,077	2,915,825	1,231,252
e Other	0	1,275,740	659,825	615,915
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				12,765,919

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____ (A) LIMITED PARTNERSHIPS	17,791,059	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	17,791,059	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED RENT CREDIT	5,384,100
POSTRETIREMENT MED BEN PAYABLE	10,121,754
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	15,505,854

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	84,685,895
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,996,448
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	-19,052
d	Other (Describe in Part XIII)	2d	172,436
e	Add lines 2a through 2d	2e	2,149,832
3	Subtract line 2e from line 1	3	82,536,063
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	196,441
b	Other (Describe in Part XIII)	4b	1,223
c	Add lines 4a and 4b	4c	197,664
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	82,733,727

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	85,234,893
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	-1,223
e	Add lines 2a through 2d	2e	-1,223
3	Subtract line 2e from line 1	3	85,236,116
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	196,441
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	196,441
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	85,432,557

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	<p>INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS THE JOHN D ROCKEFELLER 3RD MEMORIAL FU</p> <p>ND MAY BE USED BY THE BOARD OF TRUSTEES AT THEIR DISCRETION TO SUPPORT THE OPERATIONS OF T HE POPULATION COUNCIL THE SURDNA FUND SUPPORTS BIOMEDICAL RESEARCH ACTIVITIES THE SANDRA FERRY FUND SUPPORTS ACTIVITIES ADDRESSING THE ROLE OF WOMEN IN THE WORLD DEWITT WALLACE FELLOWSHIP FUND PROVIDES A FINANCIAL BASE TO SUPPORT ADVANCED RESEARCH AND TRAINING OF SOC IAL AND BIOMEDICAL SCIENTISTS IN THE POPULATION FIELD THE NEW CAPITAL CAMPAIGN GENERAL FU ND MAY BE USED BY THE BOARD OF TRUSTEES, AT ITS DISCRETION, TO SUPPORT THE OPERATIONS OF T HE POPULATION COUNCIL THE CBR ENDOWMENT IS INTENDED TO SUPPORT RENOVATIONS, EXPANSION AND OPERATIONS OF THE CENTER FOR BIOMEDICAL RESEARCH (CBR) LAB FACILITIES THE DR CHRISTOPHE R TIETZE FELLOWSHIP FUND SUPPORTS FELLOWSHIPS IN REPRODUCTIVE EPIDEMIOLOGY THE EXCESS ROY ALTY 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 COU NCIL THE GEORGE J HECHT FUND MAY BE USED TO SUPPORT DEVELOPING CONTRACEPTIVE DEVICES, D EVELOPING OTHER CONTRACEPTIVE OR BIRTH CONTROL MEASURES, PROVIDING SUCH DEVICES OR MEASURE</p> <p>S, INSTRUCTION IN THE USE OF SUCH DEVICES OR MEASURES, AND/OR FAMILY PLANNING TO REDUCE TH E FERTILITY OF SUCH OVERPOPULATED COUNTRIES AS THE COUNCIL SHALL DETERMINE THE POLICY RES EARCH ENDOWMENT FUND SUPPORTS THE PROGRAM ACTIVITIES OF THE POVERTY, GENDER AND YOUTH PROG</p> <p>RAM (FORMALLY KNOWN AS THE POLICY RESEARCH DIVISION)</p>

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS THE COUNCIL RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR 2016 OR 2015

Supplemental Information

Return Reference	Explanation
RECONCILIATION OF REVENUE AND EXPENSE TO AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 2D GAIN ON LEASE OBLIGATION AND OTHER, NET 172 PENSION AND OTHER POSTRETIREMENT CHARGES OTHER THAN NET PERIODIC BENEFIT COST 172,264 ----- 172,436 = ===== SCHEDULE D, PART XI, LINE 4B FUNDRAISING EVENT EXPENSES 1,223 SCHEDULE D, PART XII, LINE 2D FUNDRAISING EVENT EXPENSES 1,223

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
THE POPULATION COUNCIL INC

Employer identification number

13-1687001

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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	284			37,022,934
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	14	284			37,022,934

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)									
2	(5) 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						39		
(6)									
3	(7) Enter total number of other organizations or entities						7		
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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)							
(2)							
(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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ 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).

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	GRANT MONITORING MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES SUBAWARDS ARE AN IMPORTANT MEANS THROUGH WHICH THE COUNCIL CONDUCTS RESEARCH, TRANSFERS TECHNOLOGY, AND STRENGTHENS INSTITUTIONAL POLICY WITHIN THE POPULATION FIELD POTENTIAL SUB RECIPIENTS SUBMIT PROPOSALS TO THE COUNCIL THAT ARE REVIEWED BY PROGRAMMATIC STAFF TO DETERMINE WHETHER THE TYPE OF STUDY THE INSTITUTION OR INDIVIDUAL IS CONDUCTING FURTHERS THE ACTIVITIES OF THE COUNCIL IN ACCORDANCE WITH COUNCIL PROCEDURES, GRANTING OF AN AWARD REQUIRES APPROVAL BY COUNCIL PROGRAMMATIC, FINANCIAL, AND ADMINISTRATIVE STAFF TO ENSURE THE RECIPIENT IS QUALIFIED IF THE AWARD IS FUNDED UNDER A GRANT TO THE COUNCIL, DONOR APPROVAL MAY ALSO BE REQUIRED ONCE APPROVAL IS GRANTED, THE RECIPIENT AND THE CHIEF FINANCIAL OFFICER OF THE COUNCIL SIGN AN AGREEMENT, WHICH SPECIFIES REQUIRED DONOR PROVISIONS, PROGRAMMATIC REPORTING REQUIREMENTS, AND A DISBURSEMENT SCHEDULE PROGRAMMATIC STAFF PERIODICALLY MAKE SITE VISITS AND REVIEW PROJECT SUBSTANTIVE REPORTS FINANCIAL STAFF REVIEW PERIODIC FINANCIAL REPORTS AND COORDINATE WITH PROJECT STAFF BEFORE FURTHER PAYMENTS ARE DISBURSED

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

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 \$8,156 and also excludes returned grants and other assistance to organizations or entities outside the United States that in aggregate total \$255,619

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	1	13	Program Services	PGY	1,401,665
East Asia and the Pacific	1	1	Program Services	HIV, RH, PGY	313,180
Middle East and North Africa	1	18	Program Services	HIV, RH, PGY	1,201,594

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
North America	1	10	Program Services	RH, PGY	1,043,490
South Asia	3	108	Program Services	HIV, RH, PGY	7,395,473
Sub-Saharan Africa	7	134	Program Services	HIV, RH, PGY	19,075,646

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		396,192
Central America and the Caribbean			Grantmaking		97,353
East Asia and the Pacific			Grantmaking		-418

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
Europe (Including Iceland and Greenland)			Grantmaking		955,651
Middle East and North Africa			Grantmaking		166,345
South Asia			Grantmaking		285,708

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			Grantmaking		4,691,055

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	7,353	Wire			
		Central America and the Caribbean	RH	90,000	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)
		East Asia and the Pacific	RH	12,823	Wire			
		Europe (Including Iceland and Greenland)	RH	102,307	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	96,679	Wire			
		Europe (Including Iceland and Greenland)	RH	289,814	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	466,126	Wire			
		Europe (Including Iceland and Greenland)	RH	12,680	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	35,854	Wire			
		Middle East and North Africa	PGY	118,861	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)
		Middle East and North Africa	PGY	21,103	Wire			
		Middle East and North Africa	PGY	26,381	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	12,209	Wire			
		South Asia	RH	284,833	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	9,373	Wire			
		South Asia	RH	42,528	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	5,540	Wire			
		Sub-Saharan Africa	PGY	5,194	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	431,342	Wire			
		Sub-Saharan Africa	HIV	367,450	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	148,386	Wire			
		Sub-Saharan Africa	HIV	700,798	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	109,863	Wire			
		Sub-Saharan Africa	HIV	55,000	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	24,962	Wire			
		Sub-Saharan Africa	HIV	13,900	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	28,870	Wire			
		Sub-Saharan Africa	HIV	8,863	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	9,388	Wire			
		Sub-Saharan Africa	PGY	1,287,097	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	139,879	Wire			
		Sub-Saharan Africa	PGY	12,640	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	557,561	Wire			
		Sub-Saharan Africa	PGY	72,399	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	103,837	Wire			
		Sub-Saharan Africa	PGY	6,566	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	108,275	Wire			
		Sub-Saharan Africa	RH	38,374	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	22,203	Wire			
		Sub-Saharan Africa	RH	134,223	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	210,202	WIRE			
		Sub-Saharan Africa	RH	23,125	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	104,406	Wire			
		Sub-Saharan Africa	RH	10,554	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	37,490	Wire			
		Sub-Saharan Africa	RH	35,847	Wire			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

OMB No 1545-0047

2016

Open to Public Inspection

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		GALA (event type)	(event type)	0 (total number)	
1	Gross receipts	172,562			172,562
2	Less Contributions	148,187			148,187
3	Gross income (line 1 minus line 2)	24,375			24,375
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	63,920			63,920
	8 Entertainment	538			538
	9 Other direct expenses	23,598			23,598
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				88,056
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-63,681	

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
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 | 13a | % |
| b An outside facility | 13b | % |
- 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
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As Filed Data -

DLN: 93493291007367

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2016

Open to Public Inspection

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

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

▶ 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? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 22

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	11	181,961			
(2) HIV & AIDS research	1	46,830			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 SUBAWARDS CONTRACTS ARE AN IMPORTANT MEANS THROUGH WHICH THE COUNCIL CONDUCTS RESEARCH, TRANSFERS TECHNOLOGY, AND STRENGTHENS INSTITUTIONAL POLICY WITHIN THE POPULATION FIELD POTENTIAL SUB RECIPIENTS SUBMIT PROPOSALS TO THE COUNCIL THAT ARE REVIEWED BY PROGRAMMATIC STAFF TO DETERMINE WHETHER THE TYPE OF STUDY THE INSTITUTION OR INDIVIDUAL IS CONDUCTING FURTHERS THE ACTIVITIES OF THE COUNCIL IN ACCORDANCE WITH COUNCIL PROCEDURES, GRANTING OF AN AWARD REQUIRES APPROVAL BY COUNCIL PROGRAMMATIC, FINANCIAL, AND ADMINISTRATIVE STAFF TO ENSURE THE RECIPIENT IS QUALIFIED IF THE AWARD IS FUNDED UNDER A GRANT TO THE COUNCIL, DONOR APPROVAL MAY ALSO BE REQUIRED ONCE APPROVAL IS GRANTED, THE RECIPIENT AND THE CHIEF FINANCIAL OFFICER OF THE COUNCIL SIGN AN AGREEMENT, WHICH SPECIFIES REQUIRED DONOR PROVISIONS, PROGRAMMATIC REPORTING REQUIREMENTS, AND A DISBURSEMENT SCHEDULE PROGRAMMATIC STAFF PERIODICALLY MAKE SITE VISITS AND REVIEW PROJECT SUBSTANTIVE REPORTS FINANCIAL STAFF REVIEW PERIODIC FINANCIAL REPORTS AND COORDINATE WITH PROJECT STAFF BEFORE FURTHER PAYMENTS ARE DISBURSED
SCHEDULE I, PART II	Schedule I, Part II excludes grants and other assistance to governments and organizations inside the united states under \$5,000 that in aggregate total \$1,200 and also excludes returned grants and other assistance to organizations or entities inside the united states that in aggregate total \$15,405
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
Tulane University Tulane National Primate Researc 1430 Tulane Avenue EP-15 New Orleans, LA 70112	72-0423889	501(c)(3)	697,823				HIV
University of Washington Brooklyn Ave Seattle, WA 98195	91-6001537	115(1)	123,501				HIV, 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
Futures Group International LLC 1000 Main Street Durham, NC 27701	26-1509671		1,009,609				HIV
Elisabeth Glaser Pediatric AIDS Foundation 1140 Connecticut Aven NW Suite 200 Washington, DC 20036	95-4191698	501(c)(3)	929,030				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
HEALTH ALLIANCE INTERNATIONALUSA 4534 11th Ave NE Seattle, WA 98105	94-3047981	501(c)(3)	49,008				HIV
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI One Gustave L Levy Place New York, NY 10029	13-6171197	501(c)(3)	143,047				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 Tpke Glastonbury, CT 06033	20-4816286	501(c)(3)	769,460				HIV
JOHNS HOPKINS UNIVERSITY 3910 Keswick Road Baltimore, MD 21211	52-0595110	501(c)(3)	871,957				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
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 3333 California St San Francisco, CA 941430962	94-1156629	501(c)(3)	33,009				HIV
DUKE UNIVERSITY 2200 W Main St Ste 820 Durham, NC 277054677	56-0532219	501(c)(3)	133,555				HIV, 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
RESEARCH TRIANGLE INSTITUTE 701 13th St NW Ste 750 Washington, DC 020053967	56-0686338	501(c)(3)	15,933				HIV
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 Morris park Avenue Bronx, NY 10461	47-2209056	115(1)	56,531				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
PATH 2201 Westlake Ave 200 Seattle, WA 98121	91-1157217	501(c)(3)	76,917				HIV
JHPIEGO CORPORATION Browns Wharf 1615 Thames St Baltimore, MD 212313492	23-7424444	501(c)(3)	38,795				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
MCGILL UNIVERSITY 845 Sherbrooke Street West Montreal, QC H3A 0G4 CA	98-6001153	501(c)(3)	35,676				PGY
SAVE THE CHILDREN FEDERATION INC 501 Kings Highway East FAIRFIELD, CT 06825	06-0726487	501(c)(3)	49,508				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
MERCY CORPS 45SW Ankeny Street Portland, OR 97204	91-1148123	501(c)(3)	15,000				PGY
UNIVERSITY OF ALABAMA 701 20th Street South Birmingham, AL 35294	63-6005396	501(c)(3)	7,187				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
UNC CHAPEL HILL 104 Airport Drive Chapel Hill, NC 27599	56-6001393	501(c)(3)	42,495				PGY
POPULATION REFERENCE BUREAU 1875 Connecticut Ave STE 520 Washington, DC 20009	53-0214030	501(c)(3)	561,368				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
PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALT 2201 Westlake Avenue Seattle, WA 98121	91-1157127	501(c)(3)	173,059				RH
WHAT WORKS ASSOCIATION INC 54 Mills Street Morristown, NJ 07960	61-1700250	501(c)(3)	152,024				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
MERIDIAN GROUP INTERNATIONAL INC 1250 24 street NW Washington, DC 20037	54-1832764		550,517				RH
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 Gilman Drive La Jolla, CA 92093	95-6006144	501(c)(3)	16,920				RH

Schedule J
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (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

Questions Regarding Compensation

	Yes	No
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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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	Yes	
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?		No
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
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.		No
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?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
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.	Yes	
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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 \$60,000 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 Non-Fixed Payment JULIE M PULERWITZ 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.

Additional Data

Software ID:

Software Version:

EIN: 13-1687001

Name: THE POPULATION COUNCIL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1Julia BuntingPresident	(i)	375,819	0	60,420	24,000	31,354	491,593	0
	(ii)	0			0	0	0	0
1ANN K BLANC VP, Social & Beh Science RSCH	(i)	255,346	0	1,806	24,000	12,863	294,015	0
	(ii)	0			0	0	0	0
2John Bongaarts Vice President & DISTING SCHLR	(i)	249,261	0	26,652	24,000	22,920	322,833	0
	(ii)	0			0	0	0	0
3Naomi Rutenberg VP, HIV & AIDS PROGRAM	(i)	324,018	0	14,855	24,000	33,788	396,661	0
	(ii)	0			0	0	0	0
4James E Sailer VP & Exec Dir, Ctr for Bio RSH	(i)	281,834	0	630	24,000	3,582	310,046	0
	(ii)	0			0	0	0	0
5John W Townsend VP, REPRODUCTIVE HEALTH PGM	(i)	269,044	0	30,334	24,000	22,920	346,298	0
	(ii)	0			0	0	0	0
6Patncia C Vaughan General Counsel and Secretary	(i)	256,224	0	1,806	24,000	12,863	294,893	0
	(ii)	0			0	0	0	0
7Mana Aguilar Director, International Ops	(i)	179,535	0	966	23,142	22,866	226,509	0
	(ii)	0			0	0	0	0
8George Creasy MEDICAL DIRECTOR-NDA CBR	(i)	282,250	0	2,772	24,000	33,788	342,810	0
	(ii)	0			0	0	0	0
9Annabel Erulkar Senior Associate & Country Dir	(i)	238,507	0	966	18,977	26,180	284,630	0
	(ii)	0			0	0	0	0
10Eric Walker Start 6116 Chief Financial Officer	(i)	151,036	0	3,111	0	19,832	173,979	0
	(ii)	0			0	0	0	0
11Jule Pulerwitz Program Director, HIV & AIDS	(i)	206,290	10,000	630	24,000	1,726	242,646	0
	(ii)	0			0	0	0	0
12Judith Bruce Senior Program Associate	(i)	203,343	0	8,652	24,000	12,863	248,858	0
	(ii)	0			0	0	0	0
13KAREN A HARDEE Snr Asst & Project Dir, EVIDEN	(i)	209,932	0	1,806	24,000	3,582	239,320	0
	(ii)	0			0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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

OMB No 1545-0047

2016

Open to Public Inspection

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	2,204,888	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

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?

30a

Yes

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?

31

Yes

No

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

32a

Yes

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

33

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493291007367
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization THE POPULATION COUNCIL INC	Employer identification number 13-1687001		

990 Schedule O, Supplemental Information

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 POPULATION COUNCIL RESEARCHERS WORK WITHIN THREE PROGRAM AREAS HIV AND AIDS, POVERTY, GENDER, AND YOUTH, AND REPRODUCTIVE HEALTH 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 FOR PEOPLE LIVING WITH HIV POVERTY, GENDER, AND YOUTH THE GOAL OF THE PROGRAM IS TO BUILD A COHERENT BODY OF POLICY-ORIENTED RESEARCH AND PROGRAMS THAT CONTRIBUTES MEANINGFULLY TO GLOBAL EFFORTS TO IMPROVE THE LIVES OF VULNERABLE POPULATIONS, ESPECIALLY DISADVANTAGED GIRLS COUNCIL STAFF WORK TO ADVANCE THE STATE OF KNOWLEDGE ON ISSUES FACING THE MOST VULNERABLE POPULATIONS IN 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 PROGRAM'S RESEARCH AND PROGRAMS, AND IMPROVE THE COMPETENCE AND CAPACITY OF THE NEXT GENERATION OF RESEARCHERS TO CONDUCT POLICY AND PROGRAM ORIENTED POPULATION RESEARCH THE COUNCIL'S WORK HAS HAD A DEMONSTRABLE IMPACT IN BANGLADESH, EGYPT, ETHIOPIA, GUATEMALA, INDIA, KENYA, SOUTH AFRICA, AND ELSEWHERE 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 PROGRAMS, 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>ES 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, THE CENTER CONDUCTS RESEARCH IN REPRODUCTIVE HEALTH AND SEXUALLY TRANSMITTED INFECTIONS RESEARCHERS ARE STUDYING THE BIOLOGY OF MALE REPRODUCTION AND ARE DEVELOPING NEW CONTRACEPTIVE TECHNOLOGIES THE COUNCIL HAS RECENTLY COMPLETED CLINICAL TRIALS OF A NEW CONTRACEPTIVE VAGINAL RING AND IS PREPARING IT FOR REGULATORY REVIEW IN THE UNITED STATES 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 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 490 WOMEN AND MEN FROM OVER 30 COUNTRIES APPROXIMATELY 60 PERCENT ARE BASED OUTSIDE OF THE UNITED STATES COUNCIL STAFF MEMBERS CONDUCT RESEARCH AND PROGRAMS IN ROUGHLY 50 COUNTRIES RESEARCH, TECHNICAL ASSISTANCE, AND CAPACITY BUILDING ARE CARRIED OUT BY THE POPULATION COUNCIL'S U.S. AND 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 20 MEN AND WOMEN FROM EIGHT COUNTRIES THIS GROUP INCLUDES LEADERS IN BIOMEDICINE, BUSINESS, ECONOMIC DEVELOPMENT, GOVERNMENT, HEALTH, INTERNATIONAL FINANCE, LAW, THE MEDIA, PHILANTHROPY, AND SOCIAL SCIENCE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 5	NUMBER OF EMPLOYEES THE COUNCIL STAFF CONSISTS OF 490 WOMEN AND MEN FROM OVER 30 COUNTRIES ONLY 233 OF THE COUNCIL'S 490 EMPLOYEES ARE EITHER BASED IN THE UNITED STATES OR ARE CITIZENS OF THE UNITED STATES THE OTHER 257 COUNCIL EMPLOYEES ARE NON-U S CITIZENS BASED OUTSIDE OF THE UNITED STATES AND ARE THEREFORE NOT ISSUED A W-2

990 Schedule O, Supplemental Information

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:</p> <ul style="list-style-type: none"> - 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>2016 KEY ACCOMPLISHMENTS: NATIONAL POLICY CHANGE IN GHANA: THERE IS ONLY ONE DOCTOR FOR EVERY 10,000 PEOPLE. COMMUNITY HEALTH NURSES (CHNs) PLAY A CRITICAL ROLE IN PROVIDING ROUGHLY 60% OF GHANA'S CONTRACEPTIVE SERVICES. THEY HAVE BEEN PREVIOUSLY UNABLE TO OFFER CONTRACEPTIVE IMPLANT SERVICES -- AN IMPORTANT OPTION FOR WOMEN IN HARD-TO-REACH AREAS. THE COUNCIL AND GHANA HEALTH SERVICE PILOTED A PROJECT TO TRAIN NURSES ON IMPLANT INSERTION AND REMOVAL. IMPACT: THE PILOTS POSITIVE RESULTS PROMPTED A NATIONAL POLICY REVIEW AND NOW CHNs CAN PROVIDE THE IMPLANT SERVICES DIRECTLY TO WOMEN, DRAMATICALLY EXPANDING CONTRACEPTIVE ACCESS AND CHOICE. CONTRACEPTIVE CHOICE IN CAMBODIA: A NEW COUNCIL STUDY ACROSS NINE DISTRICTS IN CAMBODIA FOUND A FAMILY PLANNING VOUCHER PROGRAM SIGNIFICANTLY INCREASED VOLUNTARY USE OF MODERN CONTRACEPTIVE SERVICES (22.4% TO 31.6%), PARTICULARLY THE USE OF MORE EFFECTIVE, LONGER-ACTING METHODS. THE PROGRAM ENABLED WOMEN WITH THE FEWEST RESOURCES AND LEAST EDUCATION FREE ACCESS TO COUNSELING, ANY MODERN CONTRACEPTIVE METHOD, AND COMMUNITY AWARENESS EVENTS. IMPACT: THE COUNCIL'S RESEARCH DEMONSTRATED THE EFFECTIVENESS OF THE VOUCHER PROGRAM TO POLICYMAKERS. WITHOUT THE VOUCHERS, MANY OF THESE WOMEN WOULD NOT HAVE BEEN ABLE TO SELECT THEIR METHOD OF CHOICE. ADDRESSING FEMALE GENITAL MUTILATION/CUTTING: THROUGH THE 2014 SURVEY OF YOUNG PEOPLE IN EGYPT, COUNCIL RESEARCHERS FOUND THAT A GROWING PROPORTION OF YOUNG PEOPLE IN EGYPT ARE AWARE OF THE DANGERS OF FGM/C.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>ORTION OF GIRLS AND WOMEN WERE UNDERGOING FEMALE GENITAL MUTILATION/CUTTING (FGM/C) BY MEDICAL PROFESSIONALS, DESPITE FGM/C OFFERING NO HEALTH BENEFITS. THE COUNCIL CONVENED POLICY MAKERS TO SHARE AND TRANSLATE THE FINDINGS INTO ACTION. IMPACT: THE COUNCIL'S RESEARCH AND CONVENING RESULTED IN AN AMENDED LAW STRENGTHENED PENALTIES AGAINST PHYSICIANS CONVICTED OF THE PRACTICE. A NATIONWIDE "DOCTORS AGAINST FGM/C" CAMPAIGN WAS ALSO LAUNCHED TO GENERATE SUPPORT AND AWARENESS. SENDING TEEN MOMS BACK TO SCHOOL: TWO OUT OF FIVE 19-YEAR-OLD KENYAN GIRLS ARE PREGNANT OR HAVE GIVEN BIRTH. THROUGH THE COUNCIL'S STEP-UP RESEARCH PROJECT, FUNDED BY DFID, THE COUNCIL IDENTIFIED THE IMPACT OF UNPLANNED PREGNANCY ON GIRLS' EDUCATION, INCLUDING FINDING THAT PREGNANCY WAS CITED AS A MAIN REASON (66% OF RESPONDENTS). GIRLS AGES 13-19 DROP OUT OF SCHOOL IN HOMA BAY, KENYA. IMPACT: A NEW PARLIAMENTARY BILL INTRODUCED IN 2016 PROHIBITS SCHOOLS FROM REQUIRING PREGNANCY TESTS OR EXPELLING TEEN MOMS AND REQUIRES SCHOOLS TO PROVIDE A WELCOMING SETTING. 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 MULTI-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 FOR ADOLESCENTS INFECTED AND AFFECTED BY HIV - UTILIZE SOCIAL NETWORKS TO REDUCE HIV ACQUISITION AND TRANSMISSION. 2016 KEY ACCOMPLISHMENTS: ADVANCING MULTI-PURPOSE PREVENTION TECHNOLOGY: THE COUNCIL ADVANCED THE PROMISING PC-1005 GEL WITH PUBLICATION OF THE FIRST IN-HUMAN TRIAL RESULTS SHOWING THE BROAD SPECTRUM MICROBICIDE IS WELL-TOLERATED AND HAS HIGH ACCEPTABILITY. IT CONTAINS THE HIGHLY POTENT ANTIRETROVIRAL MIV-150, ALONG WITH ZINC ACETATE DIHYDRATE AND CARRAGEENAN. IMPACT: PC-1005 GEL IS DESIGNED TO BE USED BOTH VAGINALLY AND RECTALLY AND IF PROVEN SUCCESSFUL HAS THE POTENTIAL TO PROTECT MANY OF THE 1 MILLION WOMEN AND MEN AGAINST WHO CONTRACT A SEXUALLY TRANSMITTED INFECTION DAILY. REDUCING STIGMA AND DISCRIMINATION: COMBATING STIGMA AND DISCRIMINATION IS ESSENTIAL FOR REDUCING FEAR AROUND HIV TESTING AND TREATMENT. THROUGH THE COUNCIL'S LINK UP PROJECT, A TAILORED ANTI-STIGMA TRAINING WAS FOUND TO SUBSTANTIALLY IMPROVE HEALTH PR</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>OVERIDER ATTITUDES TOWARD PEOPLE LIVING WITH HIV IMPACT THE PILOT DEMONSTRATED THE POSSIBILITY OF PROVIDING RESPECTFUL SERVICES TO MARGINALIZED GROUPS, WHICH IS CRITICAL TO IMPROVING TESTING AND TREATMENT RETENTION EFFORTS. YOUNG PEOPLES APPROVAL OF SERVICES ALSO IMPROVED AFTER THE TRAINING (64.98%). IMPROVING HIV TREATMENT, CARE AND SUPPORT IDENTIFYING PROMISING PRACTICES TO IMPROVE SERVICE DELIVERY, EXPAND PROGRAM REACH, ENHANCE QUALITY OF CARE PROVIDED, AND IMPROVE HEALTH STATUS AND HEALTH SYSTEMS IS ESSENTIAL TO IMPROVING HIV TREATMENT, CARE AND SUPPORT, AND PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV IMPACT. THE COUNCIL'S HIVCORE PROJECT OVERSAW 20 STUDIES IN MORE THAN 10 COUNTRIES THAT ASSESSED THE EFFICIENCY AND EFFECTIVENESS OF HIV PROGRAMS. RESULTS HIGHLIGHTED FACTORS AFFECTING CARE AND RECOMMENDATIONS TO STRENGTHEN PROGRAMS, SUCH AS WHAT BARRIERS MUST BE ADDRESSED TO IMPROVE ACCESS AND USE OF SERVICES AMONG PEOPLE WITH DISABILITIES WHO REPRESENT ~15% OF WORLD'S POPULATION.</p>

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Return Reference	Explanation
LINE 4C) POVERTY, GENDER, AND YOUTH	<p>----- 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. PROGRAM ACTIVITIES ALSO INCLUDE DEVELOPING AND EVALUATING INNOVATIVE PROGRAMS --ESPECIALLY THOSE RELATED TO EMPOWERMENT, HEALTH, EDUCATION, AND LIVELIHOODS --TO ADDRESS THE NEEDS OF THE POOR, WOMEN AND YOUNG PEOPLE IN PARTICULAR. PROGRAM STAFF CONTINUE THE COUNCIL'S LONG-STANDING TRADITION OF PROVIDING DEMOGRAPHIC ANALYSIS OF THE LINKS BETWEEN POPULATION AND DEVELOPMENT AT THE MACRO AND MICRO LEVELS. SPECIFIC ACTIVITIES THAT ILLUSTRATE THE WORK OF THE POPULATION COUNCIL'S POVERTY, GENDER, AND YOUTH PROGRAM INCLUDE:</p> <ul style="list-style-type: none"> - STRENGTHENING THE EVIDENCE BASE REGARDING ADOLESCENTS, ESPECIALLY GIRLS, TO INCREASE OUR ABILITY TO ASSIST IN PROGRAM AND POLICY DEVELOPMENT - ADVANCING OUR UNDERSTANDING OF HEALTH SYSTEM FUNCTIONING, AND OF POVERTY, HEALTH, AND POPULATION TRENDS - DEVELOPING THE TOOLS TO STRENGTHEN THE EVIDENCE BASE ON TOPICS OF PGY CONCERN AND SHARING THE RESULTING DATA WITH POLICYMAKERS AND PROGRAM MANAGERS TO IMPROVE POLICIES AND PROGRAMS, - EXPANDING INITIATIVES ON SCHOOLING, FINANCIAL LITERACY, AND LIVELIHOODS - INVESTIGATING EMERGING ISSUES AND MAINTAINING THE POPULATION COUNCIL'S REPUTATION FOR CUTTING-EDGE, INNOVATIVE WORK, FOR EXAMPLE, BY DEVELOPING NEW TOOLS FOR SEXUALITY EDUCATION AND URBAN HEALTH. <p>2016 KEY ACCOMPLISHMENTS DELAYING CHILD MARRIAGE IN BANGLADESH DESPITE MAKING SIGNIFICANT PROGRESS ON MANY GENDER AND REPRODUCTIVE HEALTH INDICATORS, IN BANGLADESH TWO OUT OF THREE GIRLS ARE MARRIED BEFORE THE LEGAL AGE OF 18. THE COUNCIL ESTABLISHED THE "BANGLADESHI ASSOCIATION FOR LIFE SKILLS, INCOME, AND KNOWLEDGE FOR ADOLESCENTS" (BALIKA) PROJECT TO RIGOROUSLY EVALUATE EFFECTIVE APPROACHES TO DELAY CHILD MARRIAGE. IMPACT: MORE THAN 9,000 GIRLS IN 72 COMMUNITIES PARTICIPATED IN THE BALIKA PROJECT. RESULTS SHOWED THAT GIRLS IN BALIKA COMMUNITIES WERE NEARLY ONE-THIRD (31%) LESS LIKELY TO BE MARRIED. INTERVENTIONS CONTINUE IN MANY COMMUNITIES AND THE GOVERNMENT IS SCALING UP THE APPROACH IN MORE COMMUNITIES NATIONWIDE.</p> <p>SURVEY OF YOUNG PEOPLE IN EGYPT: THE COUNCIL'S LARGEST-EVER SURVEY OF YOUNG PEOPLE IN EGYPT DOCUMENTED THEIR ECONOMIC, SOCIAL, POLITICAL, AND HEALTH CIRCUMSTANCES DURING A CRITICAL TIME IN EGYPT'S HISTORY. THE SURVEY ALSO PROVIDED DETAILS ABOUT YOUNG PEOPLE'S SEARCH FOR EMPLOYMENT, THEIR CONCERNS ABOUT THE ECONOMY, AND THEIR LEVEL OF OPTIMISM FOR THE FUTURE. IMPACT: THIS EVIDENCE HAS BEEN WIDELY USED BY THE EGYPTIAN GOVERNMENT AND INTERNATIONAL DONORS IN DEVELOPING POLICIES AND PROGRAMS FOR YOUNG PEOPLE IN EGYPT. EGYPT'S 2030 SUSTAINABLE DEVELOPMENT STRATEGY IS LARGELY BASED ON SURVEY RESULTS AND RECOMMENDATIONS. THE NATIONAL COUNCIL</p>

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Return Reference	Explanation
LINE 4C) POVERTY, GENDER, AND YOUTH	<p>OF WOMEN USED SYPE DATA ON GENDER BASED VIOLENCE AND GENDER ROLE ATTITUDES TO INFORM THE W OMEN EMPOWERMENT STRATEGY 2030 AND IN REPORTING TO THE CONVENTION ON THE ELIMINATION OF AL L FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW) THE REPORT WAS DOWNLOADED 13,308 IN 2016 ALONE INVESTING WHEN IT COUNTS EARLY ADOLESCENCE, AGES 10 TO 14, IS A PIVOTAL PERIOD WHEN RAPID DEVELOPMENT, HEALTH AND SOCIAL KNOWLEDGE, AND LIFELONG BEHAVIORS, BELIEFS AND ATTIT UDES ARE GAINED USING RECENT DHS STATISTICS FROM 71 COUNTRIES, THE COUNCIL SHARED RIGOROU S ANALYSIS ON THE DISTINCTIVE NEEDS OF VERY YOUNG ADOLESCENTS AND CHIEF INFLUENCES UPON TH EM IMPACT THE COUNCILS REPORT PROVIDES KEY RECOMMENDATIONS TO SHAPE FUTURE PROGRAM, POLI CIES, RESEARCH, AND ACTION WITH THE POTENTIAL TO IMPACT THE ESTIMATED 1 2 BILLION ADOLESCE NTS (AGES 1019 YRS) GLOBALLY, OR 16% OF THE GLOBAL POPULATION LINE 4D) PROGRAM DEVELOPMEN T ----- RECOGNIZING THE DIVERSITY OF SOCIAL AND CULTURAL VIEWS, THE POPULATION COUNCIL PROVIDES GRANTS AND SUPPORT TO INDIVIDUALS AND INSTITUTIONS AND INVESTS IN STRENGTHENING THE INDIGENOUS CAPACITY OF COUNTRIES AND REGIONS TO CONDUCT THEIR OWN RE SEARCH AND DEVELOP APPROPRIATE POLICIES INTEGRAL TO ACHIEVING THE POPULATION COUNCIL'S MI SSION ARE PROGRAMS TO STRENGTHEN THE BASE OF WELL-QUALIFIED PROFESSIONALS ADDRESSING GLOBA L POPULATION AND DEVELOPMENT ISSUES IN THE PAST HALF CENTURY, MORE THAN 2,400 SOCIAL AND BIOMEDICAL SCIENTISTS HAVE RECEIVED FELLOWSHIP SUPPORT FROM POPULATION COUNCIL PROGRAMS T HESE FELLOWS HAVE PLAYED A KEY ROLE IN SHAPING POPULATION POLICY AND PROGRAMS FOSTERING RE SEARCH IN THE REPRODUCTIVE SCIENCES IN 2016, POPULATION COUNCIL FELLOWSHIP PROGRAMS PROVI DED ADVANCED TRAINING TO NINE EARLY-CAREER RESEARCHERS FROM AROUND THE WORLD, MANY OF WHOM ARE LIKELY TO BE TOMORROW'S TOP PROFESSIONALS IN THIS FIELD LINE 4D) PUBLICATIONS ----- THE POPULATION COUNCIL COMMUNICATES THE RESULTS OF OUR WORK AND THAT OF OT HERS IN THE FIELD TO PEOPLE CONCERNED WITH POPULATION AND REPRODUCTIVE HEALTH ISSUES THE COUNCIL PUBLISHES AND DISSEMINATES -- TO PROFESSIONALS IN THE FIELD AND TO GENERAL AUDIENC ES -- A WIDE RANGE OF MATERIALS THAT INCLUDES REPORTS, DATASETS, POLICY BRIEFS, WORKING PA PERS, FLYERS, AND PAMPHLETS MOST MATERIALS ARE PROVIDED AT NO COST, DISTRIBUTED AT CONFER ENCES AND MEETINGS, OR DOWNLOADED FROM THE COUNCIL'S WEB SITE THE COUNCIL PUBLISHES TWO O F THE FIELD'S LEADING SCHOLARLY, PEER-REVIEWED JOURNALS POPULATION AND DEVELOPMENT REVIEW AND STUDIES IN FAMILY PLANNING THEY ARE AVAILABLE IN PRINT AND ONLINE ON A PAID SUBSCRIP TION BASIS, AND THROUGH COMPLIMENTARY SUBSCRIPTIONS AVAILABLE TO QUALIFIED APPLICANTS IN D EVELOPING COUNTRIES SUPPLEMENTS TO POPULATION AND DEVELOPMENT REVIEW ARE ALSO AVAILABLE STAFF MEMBERS PUBLISH THE FINDINGS FROM THEIR WORK THROUGH NUMEROUS PRINT AND ELECTRONIC O UTLETS IN 2016, THE POPULATION COUNCIL PRODUCED 145 NEW PUBLICATIONS, INCLUDING COUNCIL-P UBLISHED REPORTS, WORKING PAPE</p>

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Return Reference	Explanation
LINE 4C) POVERTY, GENDER, AND YOUTH	<p>RS, AND NEWSLETTERS IN THE PEER-REVIEWED LITERATURE, WE PUBLISHED 120 ORIGINAL RESEARCH ARTICLES, REVIEWS, AND COMMENTARIES AS WELL AS 48 RESEARCH ARTICLES AUTHORED BY LEADING RESEARCHERS IN THE FIELD SUBMITTED TO THE COUNCIL'S SCHOLARLY JOURNALS. COUNCIL STAFF MEMBERS DISSEMINATE INFORMATION THROUGH VARIOUS DIGITAL PLATFORMS, INCLUDING THE COUNCIL'S OWN WEBSITE AT WWW.POPCOUNCIL.ORG. CURRENTLY FEATURING MORE THAN 4,000 PUBLICATIONS, ARTICLES, AND OTHER RESOURCES, THE SITE ALSO INCLUDES DESCRIPTIONS OF COUNCIL PROJECTS.</p> <p>LINE 4D) DISTINGUISHED COLLEAGUES ----- THREE DISTINGUISHED COLLEAGUES -- TWO DISTINGUISHED SCHOLARS AND ONE DISTINGUISHED SCIENTIST -- PROVIDE ADDITIONAL EXPERTISE IN AREAS OF RELEVANCE TO THE COUNCIL AND REPRESENT THE ORGANIZATION IN THEIR FIELDS INTERNATIONALLY. ONE DISTINGUISHED SCHOLAR SERVES ON THE EDITORIAL COMMITTEE OF STUDIES IN FAMILY PLANNING. HE ALSO CONDUCTS RESEARCH ON A VARIETY OF POPULATION ISSUES, INCLUDING THE DETERMINANTS OF FERTILITY, POPULATION-ENVIRONMENT RELATIONSHIPS, THE DEMOGRAPHIC IMPACT OF THE AIDS EPIDEMIC, POPULATION AGING, AND POPULATION POLICY OPTIONS. HE ALSO SERVES AS CHAIR OF THE COUNCIL'S INSTITUTION REVIEW BOARD, WHICH OVERSEES PROTECTION OF HUMAN SUBJECTS IN RESEARCH. THE SECOND DISTINGUISHED SCHOLAR CONDUCTS RESEARCH TO GENERATE EMPIRICAL EVIDENCE ON THE FEASIBILITY OF IMPROVING QUALITY OF CARE AND THE EFFECT OF CARE RECEIVED BY WOMEN ON THEIR SUBSEQUENT REPRODUCTIVE HEALTH AND BEHAVIOR. HE HAS EDITED, AUTHORED, OR CO-AUTHORED FIVE BOOKS AND APPROXIMATELY 80 RESEARCH PAPERS ON TOPICS RELATED TO POPULATION POLICY, FERTILITY, REPRODUCTIVE HEALTH AND FAMILY PLANNING, INFANT MORTALITY, SAFETY AND EFFECTIVENESS OF CONTRACEPTIVES, MARKETING OF CONTRACEPTIVES, AND MANAGEMENT OF PREGNANCIES. THE DISTINGUISHED SCIENTIST SPEAKS AT CONFERENCES AND FORUMS AROUND THE WORLD AND ADVISES SCIENTISTS ABOUT RESEARCH IN REPRODUCTIVE HEALTH AND NEW CONTRACEPTIVE TECHNOLOGIES. SHE IS THE CHAIRPERSON OF THE INTERNATIONAL COMMITTEE FOR CONTRACEPTION RESEARCH, AN HONORARY MEMBER OF THE INTERNATIONAL MENOPAUSE SOCIETY, A FOUNDING MEMBER OF THE INTERNATIONAL CONSORTIUM OF MALE CONTRACEPTION AND AN ACTIVE MEMBER OF THE EUROPEAN SOCIETY FOR CONTRACEPTION. SHE IS ALSO THE PROGRAM DIRECTOR AND PRINCIPAL INVESTIGATOR OF A NATIONAL INSTITUTES OF HEALTH (NIH) CENTER GRANT FROM THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT.</p> <p>FORM 990 PART V, LINE 4B FOREIGN COUNTRIES IN WHICH THE COUNCIL HAS AUTHORITY OVER A FOREIGN ACCOUNT: 1. BANGLADESH 2. BURKINA FASO 3. CAMBODIA 4. EGYPT 5. ETHIOPIA 6. GHANA 7. GUATEMALA 8. INDIA 9. KENYA 10. MEXICO 11. NIGERIA 12. PAKISTAN 13. SENEGAL 14. SUDAN 15. ZAMBIA</p>

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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 COUNCIL'S IRS FORM 990 AND ITS SUPPORTING SCHEDULES. ONCE REVIEWED BY THE AUDIT COMMITTEE, AND PRIOR TO FILING WITH THE IRS, THE FINAL VERSION OF THE IRS FORM 990 AND SUPPORTING SCHEDULES, IS DISTRIBUTED, VIA EMAIL, TO EACH MEMBER OF THE COUNCIL'S BOARD OF TRUSTEES

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12B AND 12C	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

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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

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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

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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 COUNCIL'S GOVERNING DOCUMENTS AND ITS CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST THE IRS DOES NOT REQUIRE THE PUBLIC DISSEMINATION OF THE POPULATION COUNCIL'S IRS FORM 1023, BECAUSE THE COUNCIL WAS FOUNDED IN 1952 AND PUBLIC AVAILABILITY IS NOT REQUIRED WHERE THE COUNCIL DID NOT HAVE A COPY OF ITS EXEMPTION APPLICATION ON THE EFFECTIVE DATE OF THE REQUIREMENT IN JULY 1987

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS 172 GAIN ON LEASE OBLIGATIONS AND OTHER, NET 172,264 PENSION AND OTHER POSTRETIREMENT CHANGES (19,052) RECOVERIES OF PRIOR YEAR GRANTS ----- 153,384 =====

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULT & OTHER PROFESS FEES TOTAL FEES 1980231

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMP AGENCY FEES TOTAL FEES 459610

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FORM 990 PART IX LINE 11G	DESCRIPTION EMPLOYMENT SEARCH EXPENSES TOTAL FEES 24737

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FORM 990 PART IX LINE 11G	DESCRIPTION IT SUPPORT FEES TOTAL FEES 115122

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FORM 990 PART IX LINE 11G	DESCRIPTION FUNDRAISING FEES TOTAL FEES 600

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FORM 990 PART IX LINE 11G	DESCRIPTION LICENSE AND ROYALTY FEES TOTAL FEES 40432

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FORM 990 PART IX LINE 11G	DESCRIPTION REGULATORY FILING FEES TOTAL FEES 14116

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FORM 990 PART IX LINE 11G	DESCRIPTION PROGRAM PERSONNEL FEES TOTAL FEES 1724111

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FORM 990 PART IX LINE 11G	DESCRIPTION PROGRAM SVCS PURCHASED FOR OTH TOTAL FEES 3352

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BIOMEDICAL RESEARCH FEES TOTAL FEES 3838732

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FORM 990 PART IX LINE 11G	DESCRIPTION OTHER SPECIALTY SERVICES TOTAL FEES 786600

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION EVENT PLANNER EXPENSE TOTAL FEES 6400