2013

**Big Ideas: Annual Report 2012**

Population Council

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BIG IDEAS

If we improve adolescent girls’ health, keep them safe and in school, and give them critical information and a say in their own lives, they and their families and communities will prosper. The Population Council conducts the world’s largest body of research on programs to improve the lives of adolescent girls in the developing world.

Big ideas supported by evidence: It’s our model for global change.
The Population Council is implementing and rigorously evaluating the Adolescent Girls Empowerment Program, which is designed to improve girls’ social, health, and economic situation. The four-year study will identify what works to help girls avoid child marriage; sexually transmitted infections, including HIV; and unintended pregnancy. On the cover, girls in rural Chibombo, Zambia attend an introductory meeting of the program. This page, urban girls from the Matero compound area of Lusaka gather for the first time.
2012 ANNUAL REPORT

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In the mid-1990s, many in the development community were skeptical. But a decade and a half later, because of Judith and others like her, we have a clearer picture of the potential of girl-centered policies to reach hundreds of millions of girls at risk of forced marriage, in the path of the HIV epidemic, and under daily threat to their safety.

This year’s annual report focuses on the Population Council’s work to improve policies and programs for the poorest girls in the poorest communities so that they may lead themselves and their communities out of poverty. Fifteen years ago, Judith wrote, “Global thinkers are puzzled, looking for points of reference and leverage to understand and shape the future. They identify power elites and influential individuals. Appearing on none of these power lists is one of the potentially most influential figures in the developing world: the 12-year-old girl. . . . In the next few years, this 12-year-old girl will either abandon or continue her schooling, be pushed into marriage and childbearing, or develop a sense of proud ownership of her physical self and make independent decisions about her lifetime partner. She will either struggle in poverty or find a socially productive livelihood, submit to a faceless life or thrive as an individual, making her contribution to the world. As her future is reconfigured, so is ours.”

*The Uncharted Passage*—the landmark 1998 book Judith coauthored with Council researcher Barbara Mensch and Center for Health and Gender Equity researcher Margaret Greene—helped transform thinking about the social, health, and economic dimensions of girls’ lives. It inspired our partners as well as the next generation of Population Council researchers like Annabel Erulkar, K.G. Santhya, and Karen Austrian. They are leading projects in Ethiopia, India, and Zambia to design and evaluate programs that give girls the knowledge, skills, and social connections they need to thrive and to give policymakers research results they can use to improve programs and efficiently allocate resources.

What were epiphanies in 1998—engage girls before puberty; reach out-of-school girls; and give girls the skills, knowledge,
Population Council researchers around the world are generating evidence to improve girl-centered programs and policies.

Left to right: Annabel Erulkar (Ethiopia), Peter Donaldson, Sajeda Amin (Bangladesh), Alejandra M. Colom (Guatemala), Karen Austrian (Kenya and Zambia), Babatunde A. Ahonsi (Nigeria), and K.G. Santhya (India).

and I.D. cards they need to protect themselves—are now conventional wisdom. In Rwanda, the Council laid the foundation for the government’s commitment to a national program to reach all girls by age 12 with mentors, safe places to gather with friends, and information about health and money management. In Ethiopia, the Council’s research helped reframe national health policy by expanding programs that address child marriage and support married girls and extremely isolated young girls, many of whom are migrants in domestic service in Ethiopia’s towns and cities. Our portfolio of research represents a groundbreaking global effort to improve programs and policies for girls as a core development strategy.

In this year’s report, Council vice president Ann Blanc writes about rigorous program evaluation as the cornerstone of our work with adolescent girls. Applying science to address global challenges—identifying problems, creating and testing strategies, evaluating their impact, and using our findings to refine and improve programs—is how the Council has led the way for sixty years. With this approach, we deliver solutions that improve lives around the world.

Our work to document the lives of girls, give them a say in their own lives, and learn what will put them on the path to healthy, productive adulthood would not be possible without the steadfast involvement and enthusiasm of our donors, partners, and trustees. We are deeply grateful for your generosity. With your support, we look forward to continuing to help women, men, and children around the world lead lives of satisfaction and purpose.
There are more than 500 million adolescent girls in the developing world. Fifteen years ago, the Population Council’s landmark publication, *The Uncharted Passage*, demonstrated the key role these girls play in the health and development of their families, communities, and the world. The book also documented a gap in knowledge about girls’ lives and a lack of thoughtful evidence-based programs. The Council’s contributions galvanized efforts to gather evidence on ways to empower girls and enhance their lives.

We believe that if we improve girls’ health, keep them safe and in school, and give them critical information, a say in their own lives, and a strong network of support, they will prosper. Our beliefs are based on rigorous scientific analysis of interventions the Council and others have conducted to help girls lead more productive lives. When girls stay in school, they gain skills and knowledge, avoid the disadvantages of early childbearing, and have more earning power. A World Bank study has shown that excluding adolescent girls from school, community participation, and meaningful livelihoods has a substantial negative impact on economic growth.

Ann K. Blanc is a Population Council vice president and director of the Poverty, Gender, and Youth program. Her research focuses on adolescent sexual and reproductive health, maternal health, gender and power dynamics, and fertility trends and patterns.

The Population Council is at the forefront of research, policy analysis, and program design for adolescent girls in the developing world. We have conducted research that identifies which girls are the most vulnerable and where they are geographically concentrated. We have illuminated the scope and negative impact of child marriage. We have shown that programs often don’t reach the most vulnerable girls. And we have
In Ethiopia, the Population Council’s Berhane Hewan (“Light for Eve”) project provided unmarried adolescent girls with school supplies, livestock, and mentors and supported married girls with information about reproductive health and family planning.
demonstrated that it is crucial to reach girls early, before irreversible events anchor them in poverty and poor health.

Our experience shows that when we give girls mentoring, life skills, social support, financial literacy, and educational opportunities, we can measurably improve their lives and the lives of their children. We have demonstrated that we can reduce child marriage in rural Ethiopia. We have evaluated ways to help girls learn about budgeting and begin to save in financial institutions in Kenya and Uganda. We have studied how to improve girls’ literacy and support their return to school through second-chance programs for girls in rural Upper Egypt. And we have designed programs to support girls’ transition from primary to secondary school in the Guatemalan highlands.

The development community is eager to expand programs for adolescent girls, but limited data exist on what strategies work best. Now is the time to invest in providing rigorous evidence on the most effective and cost-effective approaches. So the Population Council is expanding many of the successful initiatives we have developed for adolescent girls and rigorously testing them to assess their impact.

Today, we are building the world’s largest body of research evaluating programs to improve the lives of adolescent girls. More than 42,000 girls in seven countries—Bangladesh, Burkina Faso, Ethiopia, Guatemala, India, Tanzania, and Zambia—are (or soon will be) participating in randomized, controlled trials, the gold standard of research. These studies compare groups of girls who participate in programs that have varying components with girls who are not participating in any program. Comparing the groups in this way allows us to know when improvements in girls’ lives are the result of a program component and when the improvements would have happened on their own.

These studies are underway; results are not yet available. We have promising results from a number of quasi-experimental studies. An example is our effort to reduce child marriage. In Ethiopia, the Population Council’s Berhane Hewan project provided unmarried adolescent girls with community
THE POPULATION COUNCIL HAS THE LARGEST BODY OF RESEARCH EVALUATING PROGRAMS TO IMPROVE THE LIVES OF ADOLESCENT GIRLS

LOCATIONS OF OUR RANDOMIZED, CONTROLLED TRIALS AROUND THE WORLD

- **BANGLADESH**: Designed to reduce early marriage and violence against women and girls (18,500 girls)
- **India**: Designed to support secondary education (4,500 girls)
- **Ethiopia, Tanzania, Burkina Faso**: Designed to delay marriage (15,000 girls)
- **Zambia**: Designed to reduce early marriage, sexually transmitted infections, and unintended pregnancy (4,000 girls)
- **Guatemala**: Designed to reduce early marriage, increase life skills, and reduce violence (600 girls)

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THE POPULATION COUNCIL IS CONDUCTING RANDOMIZED, CONTROLLED TRIALS TO MEASURE THE EFFECTIVENESS OF VARYING COMBINATIONS OF SOCIAL, ECONOMIC, AND HEALTH COMPONENTS FOR ADOLESCENT GIRLS.

<table>
<thead>
<tr>
<th>SOCIAL</th>
<th>BANGLADESH</th>
<th>BURKINA FASO</th>
<th>ETHIOPIA</th>
<th>GUATEMALA</th>
<th>INDIA</th>
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<th>ZAMBIA</th>
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<tr>
<td>SAFE SPACES TO MEET WITH FRIENDS/MENTORS</td>
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<td>SCHOOL IMPROVEMENTS</td>
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<th>INDIA</th>
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<tbody>
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<td>LEGAL AID SERVICES</td>
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<tr>
<td>SAVINGS ACCOUNTS</td>
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<tr>
<td>SCHOOL SUPPLIES AND LIVESTOCK</td>
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<table>
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<th>BANGLADESH</th>
<th>BURKINA FASO</th>
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<th>INDIA</th>
<th>TANZANIA</th>
<th>ZAMBIA</th>
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<tbody>
<tr>
<td>HEALTH AND LIFE SKILLS EDUCATION</td>
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<tr>
<td>HEALTH REFERRALS</td>
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<td>HEALTH VOUCHERS</td>
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awareness-building, school supplies, livestock, and mentors and supported married girls with information about reproductive health and family planning. An evaluation found that girls aged 10–14 who participated in the program were 90 percent less likely to be married at the end of the program than girls who did not, and three times more likely to be in school. Married girls in the program were three times more likely to be using family planning methods compared to other married girls. The work led to greater attention to early marriage and increased investment in initiatives to delay marriage and support girls who are already married. We decided to delve deeper and determine which component of the program was most critical to its success. So we recently launched an expanded investigation in Ethiopia and other countries to determine the most effective elements of this approach.

We will find out which programs—and which of their key elements—do the most to help girls stay in school and avoid unwanted sex, child marriage, early and unintended pregnancy, HIV and STI infection, and gender-based violence. These studies will allow us to discover what knowledge and skills given to a girl make the biggest difference in the life of the woman she becomes.

Robust program evaluation takes time. Getting solid answers will take years, not months. But by pursuing the evidence, we will identify best practices, refine the critical elements of girl-centered programs, and eliminate ineffective approaches.

A few years from now, we will have an even richer trove of evidence that we and others will use to improve and advance girl-centered programs. As we always have, we will share information with governments, advocates, policymakers, researchers, nongovernmental organizations, and community organizations about what works to empower girls, help them gain an education and cultivate savings, and improve their sexual and reproductive health. With this knowledge, we can build local capacity to expand and deliver these programs to vulnerable adolescent girls.

We will continue to pursue the evidence and change the expectations of policymakers, communities, families, and girls themselves about girls’ potential.
ABOUT THE POPULATION COUNCIL

THE POPULATION COUNCIL CONDUCTS BIOMEDICAL, SOCIAL SCIENCE, AND PUBLIC HEALTH RESEARCH. WE DELIVER SOLUTIONS THAT LEAD TO MORE EFFECTIVE POLICIES, PROGRAMS, AND TECHNOLOGIES THAT IMPROVE LIVES AROUND THE WORLD.

TACKLING TOUGH CHALLENGES
The Population Council’s Poverty, Gender, and Youth program seeks 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.

Our HIV and AIDS program is devoted to understanding and slowing the spread of the HIV epidemic. Through biomedical and behavioral research, we expand access to innovative and effective products and services.

Our Reproductive Health program strives to improve sexual and reproductive health, especially for vulnerable people in developing countries. We help individuals to achieve their family planning and reproductive health goals through improvements in technologies and services. We work to reduce maternal mortality and morbidity.

Established in 1952, the Population Council is governed by an international board of trustees. Its New York headquarters supports a global network of country offices. The Council staff consists of more than 570 women and men from 31 countries. More than 60 percent are based outside the United States. Council staff members conduct research and carry out programs in 50 countries.

DELIVERING SOLUTIONS
Population Council staff identify neglected health and development problems; work with developing-country partners to design, implement, and test pilot programs to address these challenges; conduct biomedical research to develop new contraceptives and microbicides; inform policymakers, program managers, the scientific community, and the public about the results of our research; participate with governments and nongovernmental organizations to expand successful pilot programs and to improve large-scale programs; and collaborate with pharmaceutical companies to ensure that our products are available to the poorest and most vulnerable people worldwide.
SHARING KNOWLEDGE

The Population Council publishes two widely read and influential peer-reviewed scientific journals: *Population and Development Review* and *Studies in Family Planning*. The Council also maintains a website and produces and disseminates books, working papers, newsletters, reports, slide shows, software, and toolkits. A database of our publications is provided at www.popcouncil.org/pubsearch.

IMPROVING PROGRAMS

The Population Council’s work does not end with conducting research. We strive to ensure that our findings get translated into concrete improvements in policies and programs. We provide technical assistance to strengthen national programs, and we offer expertise in expanding effective and sustainable interventions, implementing systems to monitor and evaluate projects, and finding innovative ways to pay for the costs of care.

STRENGTHENING RESOURCES

The Population Council helps to improve the research capacity of biomedical, public health, and social science researchers in developing countries through grants, fellowships, apprenticeships, and support to research centers. The Council’s fellowship programs have helped advance the careers of thousands of social and biomedical scientists, public health researchers, and program managers, many of whom have gone on to hold leadership positions. In 2012, we supported 18 fellows.

FORMING PARTNERSHIPS

Achieving our ambitious mission is only possible in partnership with governments, universities, foundations, pharmaceutical companies, public and private health networks, hospitals, research centers, nongovernmental organizations, and individuals from around the world. These partnerships represent one of the most influential ways in which we improve services and create lasting change. Through our partnerships, we support sound practices and efforts to increase the scope of highly effective programs.

THE PROGRAMS HIGHLIGHTED ON PAGES 12-17 REPRESENT SOME OF OUR MOST SIGNIFICANT ACCOMPLISHMENTS IN 2012.
IMPROVING THE LIVES OF VULNERABLE GIRLS IN ETHIOPIA

The Population Council’s Biruh Tesfa (“Bright Future”) program assists out-of-school girls in the urban slums of Ethiopia by creating safe spaces where they can meet friends, build support networks with other girls, and form relationships with supportive adults. The program protects the rights of vulnerable urban girls by reducing their social isolation and providing them with basic literacy, health information (including HIV prevention), subsidized medical services using vouchers, and services to address sexual exploitation and abuse. In 2012, Council researchers found that girls enrolled in the program were more than twice as likely as unenrolled girls to report having friends and mentors, to know about HIV transmission, and to know where to obtain HIV counseling and testing. The program has been expanded in 18 cities in Ethiopia, and local education bureaus are now adopting the approach, citing it as a best practice to ensure that vulnerable girls have access to education.
The Population Council’s Ishraq (“Sunrise”) program provides 12–15-year-old out-of-school girls in rural Upper Egypt—the least developed and most economically disadvantaged region of the country—with mentors and safe spaces for informal learning and sports participation. The program, launched in 2001, is the Council’s original girls’ empowerment initiative. A 2012 evaluation of its scale-up phase found impressive, statistically significant improvements for participating girls: 88 percent of Ishraq girls are able to write their sibling’s name, compared to 36 percent of girls in the control group; one-third of Ishraq girls plan to pursue further education, compared to 5 percent of control girls; and 71 percent of Ishraq girls have more than one non-relative friend, compared to 44 percent of control girls. Ishraq also improved parents’ and brothers’ attitudes toward gender equality, girls’ participation in decisionmaking, girls’ mobility, and sports for girls.
In 2012, a Population Council study provided the first efficacy data showing that an anti-HIV vaginal ring can prevent infection in animals, and indicated strong potential for the success of such rings in women. Scientists found that a vaginal ring releasing MIV-150, an anti-HIV drug, can prevent the transmission of SHIV in macaque monkeys. SHIV is a virus combining genes from HIV and SIV (the monkey version of HIV). The study was featured on the cover of the journal Science Translational Medicine. Macaques received either MIV-150 vaginal rings or placebo vaginal rings and were exposed to a single dose of SHIV. This proof-of-concept study demonstrated that investment in vaginal rings as an HIV-delivery system may eventually provide tangible health benefits.
Male circumcision has been shown to reduce female-to-male HIV transmission by 60 percent. As a result, the procedure is being introduced nationwide in Zambia. Men who choose circumcision are counseled to avoid unprotected sexual contact during the six-week healing period. The Population Council and its partners assessed men’s sexual behavior after circumcision and found a high prevalence of risky sexual behaviors during wound healing, particularly among men who reported risky sexual behaviors at the outset of the study. However, analysis suggests that despite this risky behavior, male circumcision is still likely to reduce men’s risk of HIV infection, though not as much as it would otherwise. On the basis of these findings, providers of male circumcision in Zambia renewed their focus on counseling clients about the risks of resuming sexual activity during the healing period.
In May 2012, working with the International Federation of Gynecology and Obstetrics and the Reproductive Health Supplies Coalition, the Population Council generated an action plan to improve access to highly effective, long-acting reversible contraceptives (LARCs) by increasing provider training and awareness and working with drug companies and donors to reduce costs. LARCs were a key focus of the July 2012 London Summit on Family Planning, which promoted a goal of enabling 120 million more women and girls to have access to high-quality family planning information and services by 2020. In September, the Jadelle Access Program was formed with support from a number of organizations and governments to make Jadelle®—a Council-developed two-rod levonorgestrel contraceptive implant—available to more than 27 million women. Throughout the year, the Council made progress toward submitting a New Drug Application to the FDA for a new LARC, our one-year contraceptive vaginal ring.
The Population Council and its Africa Regional Sexual and Gender-Based Violence (SGBV) Network achieved key successes in 2012. The governments of South Africa and Zambia issued their countries’ first-ever policies to address sexual and gender-based violence, which were informed by the Population Council’s research and recommendations. These policies reflect a comprehensive model of care to provide medical management of SGBV, involve the criminal justice system, and engage communities to prevent SGBV. The Government of Zambia is expanding police provision of emergency contraception to victims of rape, and the Government of Malawi is testing this approach. In December, Ministers of Health from Kenya, Lesotho, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe passed a resolution allowing all women seeking maternal health services to be screened for intimate-partner violence using the screening tool developed by the Population Council.
We are pleased to report that the Population Council’s revenue increased by more than 12.5 percent, from $64.4 million in 2011 to $72.6 million in 2012. This increase helps maintain the Council’s financial health and ensures that we have the resources to continue our vital work.

The charts on this page provide details on the Council’s sources of support and use of funds. The Council’s program spending ratio, a key financial indicator, was 83 percent for fiscal 2012. For every dollar spent, 83 cents goes directly to research and program activities, demonstrating our commitment to our mission.

We closely monitor the Council’s financial status and remain committed to the fiscal discipline necessary to maintain our record of accomplishments. Readers interested in learning more about the Council’s finances can consult http://popcouncil.org/who/financials.asp
## Statement of Activities (For the Year Ended December 31, 2012)

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<thead>
<tr>
<th>Unrestricted</th>
<th>Restricted</th>
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<tbody>
<tr>
<td>The John D. Rockefeller 3rd General Memorial Fund and others Total</td>
<td>Temporarily restricted Permanently restricted Total</td>
</tr>
<tr>
<td><strong>Operating Revenue</strong></td>
<td></td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>$54,214,914</td>
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<tr>
<td>Royalties</td>
<td>6,549,529</td>
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<tr>
<td>Interest and dividends (net of $189,112 investment fees)</td>
<td>19,393</td>
</tr>
<tr>
<td>Net appreciation (depreciation) in fair value of investments</td>
<td>(58,887)</td>
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<tr>
<td>Other</td>
<td>68,416</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>9,729,750</td>
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<tr>
<td><strong>Total Operating Revenue</strong></td>
<td>70,523,115</td>
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<th>Operating Expenses</th>
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<tr>
<td><strong>Program Services</strong></td>
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<tr>
<td>HIV and AIDS</td>
</tr>
<tr>
<td>Poverty, Gender, and Youth</td>
</tr>
<tr>
<td>Reproductive Health</td>
</tr>
<tr>
<td>Distinguished Colleagues</td>
</tr>
<tr>
<td>Publications</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
</tr>
<tr>
<td><strong>Supporting Services</strong></td>
</tr>
<tr>
<td>Management and general</td>
</tr>
<tr>
<td>Fundraising</td>
</tr>
<tr>
<td><strong>Total Supporting Services</strong></td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
</tr>
</tbody>
</table>

| (Deficiency)/excess of operating revenue over operating expenses | (6,696,259) | 8,095,589 | 1,399,330 | (6,957,318) | — | (5,557,988) |
| Other changes in net assets: | | | | | | |
| Gain on lease obligation and other, net | 390,555 | — | 390,555 | — | — | 390,555 |
| Pension and other postretirement charges other than net periodic benefit cost | 423,787 | — | 423,787 | — | — | 423,787 |
| Transfer from endowments | 5,325,180 | (4,540,337) | 784,843 | (784,843) | — | — |
| **Decrease in Net Assets** | (556,737) | 3,555,252 | 2,998,515 | (7,742,161) | — | (4,743,646) |
| **Net Assets at Beginning of Year** | 4,703,557 | 70,460,681 | 75,164,238 | 23,242,324 | 5,485,776 | 103,892,338 |
| **Net Assets at End of Year** | $4,146,820 | 74,015,933 | 78,162,753 | 15,500,163 | 5,485,776 | 99,148,692 |
### BALANCE SHEET  (FOR THE YEAR ENDED DECEMBER 31, 2012)

#### ASSETS

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Cash and cash equivalents</td>
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<tr>
<td>Grants and contributions receivable, net</td>
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<td>U.S. government agencies</td>
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<td>Other</td>
<td>6,924,929</td>
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<tr>
<td>Other receivables</td>
<td>2,454,305</td>
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<tr>
<td>Prepaid expenses and other assets</td>
<td>2,063,238</td>
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<tr>
<td>Postretirement medical benefits trust</td>
<td>5,323,351</td>
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<tr>
<td>Investments</td>
<td>94,454,435</td>
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<tr>
<td>Fixed assets, net</td>
<td>6,115,146</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>130,952,524</strong></td>
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#### LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Accounts payable, accrued expenses, and other liabilities</td>
<td>$6,200,620</td>
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<tr>
<td>Awards, contracts, and fellowships payable</td>
<td>3,598,018</td>
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<tr>
<td>Program advances</td>
<td>9,842,653</td>
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<tr>
<td>Loan payable</td>
<td>1,506,000</td>
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<td>Deferred rent credit</td>
<td>791,137</td>
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<tr>
<td>Accrued lease obligation</td>
<td>493,066</td>
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<tr>
<td>Postretirement medical benefits payable</td>
<td>9,372,338</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>31,803,832</strong></td>
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<table>
<thead>
<tr>
<th>Net assets</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Unrestricted</td>
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<tr>
<td>General undesignated</td>
<td>4,146,820</td>
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<tr>
<td>The John D. Rockefeller 3rd Memorial Fund and others</td>
<td>74,015,933</td>
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<tr>
<td><strong>SUBTOTAL UNRESTRICTED</strong></td>
<td><strong>78,162,753</strong></td>
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<td>Restricted</td>
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<tr>
<td>Temporarily restricted</td>
<td>15,500,163</td>
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<tr>
<td>Permanently restricted</td>
<td>5,485,776</td>
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<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td><strong>99,148,692</strong></td>
</tr>
</tbody>
</table>

| **TOTAL LIABILITIES AND NET ASSETS**                                | **$130,952,524** |

A copy of the audited financial statements, prepared in accordance with U.S. generally accepted accounting principles, is available upon request from Population Council, One Dag Hammarskjold Plaza, New York, New York 10017, and can be accessed online at www.popcouncil.org.
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