PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

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

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 10/01 , 2021, and ending 09/30 , 20 22

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	**C** Name of organization FAMILY HEALTH INTERNATIONAL INC Doing business as FHI 360 Number and street (or P.O. box if mail is not delivered to street address) 359 BLACKWELL STREET — Room/suite 200 City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27701	**D** Employer identification number 23-7413005 **E** Telephone number (919) 544-7040 **G** Gross receipts $ 836,487,978
	F Name and address of principal officer: RASIKA PADMAPERUMA SAME AS C ABOVE	**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.
I Tax-exempt status:	☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶	FHI360.ORG	**H(c)** Group exemption number ▶
K Form of organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	**L** Year of formation: 1973 **M** State of legal domicile: NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: FHI 360 IS A GLOBAL DEVELOPMENT ORGANIZATION DELIVERING MULTI-DISCIPLINARY, EVIDENCE-BASED APPROACHES TO IMPROVE THE HEALTH AND SOCIO-ECONOMIC STATUS OF MILLIONS OF PEOPLE IN DISADVANTAGED COMMUNITIES THROUGHOUT THE WORLD.

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)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1,464
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	688,624,181	764,232,216
	9	Program service revenue (Part VIII, line 2g)	76,152,152	70,558,516
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	168,993	701,817
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(113,820)	(556,862)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	764,831,506	834,935,687
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	452,640,219	307,240,492
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	175,699,524	197,467,548
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	151,773,945	384,264,858
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	780,113,688	888,972,898
	19	Revenue less expenses. Subtract line 18 from line 12	(15,282,182)	(54,037,211)

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	319,029,680	328,885,680
	21	Total liabilities (Part X, line 26)	202,870,714	204,155,649
	22	Net assets or fund balances. Subtract line 21 from line 20	116,158,966	124,730,031

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 — Date

RASIKA PADMAPERUMA, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VANESSA ESPINOZA				P02034351
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	34-6565596
Firm's address ▶ 55 IVAN ALLEN JR BOULEVARD , ATLANTA, GA 30308			Phone no.	(404) 874-8300

May the IRS discuss this return with the preparer shown above? See instructions ☑ Yes ☐ No

Form **8868**

(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. FAMILY HEALTH INTERNATIONAL INC	Taxpayer identification number (TIN) 23-7413005
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 359 BLACKWELL STREET, 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DURHAM, NC 27701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ RASIKA PADMAPERUMA, 359 BLACKWELL ST SUITE 200, DURHAM, NC 27701

Telephone No. ▶ (919) 544-7040 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the whole group, check this box . . . . ▶ ☐ . If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/15 , 20 23 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☑ tax year beginning 10/01 , 20 21 , and ending 09/30 , 20 22 .

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

FHI 360 IS A GLOBAL DEVELOPMENT ORGANIZATION DELIVERING MULTI-DISCIPLINARY, EVIDENCE-BASED APPROACHES TO IMPROVE THE HEALTH AND SOCIO-ECONOMIC STATUS OF MILLIONS OF PEOPLE IN DISADVANTAGED COMMUNITIES THROUGHOUT THE WORLD.

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 $ 372,269,155 including grants of $ 158,699,058) (Revenue $ 36,445,620)

SOCIAL, ENVIRONMENTAL, AND ECONOMIC DEVELOPMENT - FHI360'S SOCIAL PROGRAMS ENGAGE YOUTH AS PARTNERS IN DEVELOPMENT AND AGENTS FOR CHANGE. GENDER EQUALITY IS FOSTERED BETWEEN BOYS AND GIRLS BEGINNING IN EARLY CHILDHOOD AND PROMOTES GENDER EQUITY TO EDUCATION AND WORK, WHICH REDUCES GENDER-BASED VIOLENCE. FHI360 PROMOTES COMMUNITY SOLUTIONS FOR PROTECTING NATURAL RESOURCES AND ENCOURAGES SUSTAINABLE AGRICULTURE AND LAND USE PRACTICES. THE ECONOMIC DEVELOPMENT PROGRAMS CULTIVATE ENTREPRENEURSHIP IN DEVELOPING COUNTRIES THROUGH MICRO ENTERPRISE AND MICRO-FINANCE PROGRAMS, WHICH STRENGTHENS LIVELIHOOD FOR THE MOST-AT-RISK HOUSEHOLDS.

4b (Code:) (Expenses $ 180,509,299 including grants of $ 76,951,462) (Revenue $ 17,672,088)

HIV/AIDS - FHI360 PROVIDES STATE-OF-THE-ART, CUSTOMIZED INTERVENTIONS TO ADDRESS LOCAL NEEDS AND ADVOCATES FOR COMPASSIONATE AND RESOURCED SUPPORT TO NATIONAL GOVERNMENTS AND LOCAL COMMUNITIES. PROGRAMS AND SERVICES ARE DESIGNED TO CHANGE BEHAVIOR, PROTECT HEALTH, PROMOTE PREVENTION SERVICES, BUILD STRONG HEALTH SYSTEMS, IMPROVE ACCESS TO TREATMENT AND CARE, PREVENT MOTHER TO CHILD HIV TRANSMISSION, PROTECT AND SUPPORT VULNERABLE CHILDREN AND MONITOR AND EVALUATE PROGRAMS. IN ADDITION TO RESEARCH, FHI360 HAS PROVIDED NEARLY 4 MILLION PEOPLE WITH COUNSELING AND TESTING SERVICES, AND ALMOST 1 MILLION PEOPLE WITH ANTIRETROVIRAL THERAPY GLOBALLY.

4c (Code:) (Expenses $ 90,982,724 including grants of $ 38,786,110) (Revenue $ 8,907,323)

GLOBAL HEALTH, NUTRITION, AND DEVELOPMENT - FHI360'S GLOBAL HEALTH AND NUTRITION PROGRAMS WORK TO STRENGTHEN HEALTH SYSTEMS, PARTICULARLY IN RESOURCE CONSTRAINED SETTINGS. THESE PROGRAMS HELP PREVENT AND MANAGE COMMUNICABLE DISEASES AND REDUCE NEGLECTED TROPICAL DISEASES. THE ORGANIZATION DEVELOPS STRATEGIES FOR PREVENTING AND MANAGING CHRONIC DISEASE, INTEGRATING HEALTH AREAS WHICH PRODUCE EFFICIENCIES, AND BUILDING CONSUMER DEMAND FOR EVIDENCE-BASED HEALTH PRODUCTS AND SERVICES. THE ROLE OF NUTRITION IN PREVENTING DISEASE AND IMPROVING HEALTH IS CONTINUALLY EVALUATED AND ADVOCATED. DURING FY22, CLINICAL TRIAL ACTIVITIES WERE ALSO PERFORMED FOR ANTIVIRAL AGENTS TO TREAT THE COVID-19 INFECTION FOR PATIENTS IN HOSPITAL.

4d Other program services (Describe on Schedule O.)

(Expenses $ 76,949,832 including grants of $ 32,803,862) (Revenue $ 7,533,485)

4e Total program service expenses ▶ 720,711,010

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	✔	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	✔	
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		✔
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		✔
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		✔
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		✔
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		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
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		✔
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		✔
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	✔	
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		✔
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		✔
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	✔	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
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	✔	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✔
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	✔	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✔	
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	✔	
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	✔	
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		✔
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		✔
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		✔
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		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✔
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	✔	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and III*	22	✔	
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? *If "Yes," complete Schedule J*	23	✔	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		✔
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? *If "Yes," complete Schedule L, Part I*	25b		✔
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		✔
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✔
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✔
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✔
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? *If "Yes," complete Schedule R, Part I*	33	✔	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✔	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✔	
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✔	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✔
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? *If "Yes," complete Schedule R, Part VI*	37		✔
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	✔	

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	519			
b	Enter the number of Forms W-2G included on 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	✔	

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

			Yes	No
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: 1,464			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✔	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on 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	✔	
b	If "Yes," enter the name of the foreign country ▶ AF, BG, BN, BC, UV, (CONTINUED ON SCHEDULE O)			
	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		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✔
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		✔
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		✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✔
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		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✔
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		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	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?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15		✔
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✔
	If "Yes," complete Form 4720, Schedule O.			
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	11		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	10		
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		✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		✔
6	Did the organization have members or stockholders?		6		✔
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		✔
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		✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	✔	
b	Each committee with authority to act on behalf of the governing body?		8b	✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*		9		✔

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	✔	
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	✔	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✔	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✔	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✔	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✔	
13	Did the organization have a written whistleblower policy?	13	✔	
14	Did the organization have a written document retention and destruction policy?	14	✔	
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	✔	
b	Other officers or key employees of the organization	15b	✔	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✔
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL, CA, MA, MS, NC, NY, SC

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

RASIKA PADMAPERUMA, 359 BLACKWELL ST SUITE 200, DURHAM, NC 27701, (919) 544-7040

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MATTHEW PIETZ PROJECT DIRECTOR II	40.0 0.0					✔		366,020	0	25,583
(2) JEROME FOLLIARD-O'MAHONY PROJECT DIRECTOR III	40.0 0.0					✔		364,901	0	23,467
(3) DORIS YOUNGS PROJECT DIRECTOR I	40.0 0.0					✔		323,143	0	49,563
(4) PATRICK FINE (UNTIL 08/2021) FORMER CHIEF EXECUTIVE OFFICER	40.0 0.0						✔	360,335	0	0
(5) DEBORAH KENNEDY IRAHETA CHIEF OPERATIONS OFFICER	40.0 0.0			✔				317,846	0	37,321
(6) DANIEL LEVITT PROJECT DIRECTOR I	40.0 0.0					✔		325,745	0	23,038
(7) RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	40.0 0.0			✔				285,554	0	57,203
(8) KATHY STROKER GENERAL COUNSEL	40.0 0.0			✔				261,596	0	73,813
(9) JACQUELINE MCPHERSON REGIONAL DIRECTOR	40.0 0.0				✔			285,356	0	41,918
(10) NAEL SHABARO PORTFOLIO DIRECTOR I	40.0 0.0					✔		301,734	0	23,652
(11) TIMOTHY MASTRO CHIEF SCIENCE OFFICER	36.0 0.0			✔				254,090	0	69,754
(12) NZAPFURUNDI CHABIKULI DIR. OF GLOBAL HLTH, POPUL	40.0 0.0				✔			244,929	0	70,679
(13) LAURA KAYSER DEPUTY COO	40.0 0.0				✔			274,499	0	40,733
(14) SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	40.0 0.0			✔				258,791	0	54,297

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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) LANETA DORFLINGER SCIENTIST	40.0 0.0				✔			247,941	0	63,862
(16) PAMELA MYERS (UNTIL 12/2022) CHIEF HUMAN RESOURCE OFFI	40.0 0.0			✔				250,085	0	51,876
(17) WELLINGTON PAK DIRECTOR, BUSINESS STRATEG	40.0 0.0				✔			229,047	0	46,492
(18) NADRA FRANKLIN DIRECTOR OF SOCIAL AND ECO	40.0 0.0				✔			230,753	0	42,857
(19) ALETA WILLIAMS DIR., BUSINESS DVLP & DIVE	40.0 0.0				✔			229,047	0	42,772
(20) LEILA ABU-GHEIDA REGIONAL DIRECTOR	40.0 0.0				✔			228,832	0	42,447
(21) MICHAEL MAZZA DIRECTOR, INFORMATION SOLU	40.0 0.0				✔			220,783	0	46,990
(22) RICARDO MICHEL MANAGING DIRECTOR	40.0 0.0				✔			216,787	0	44,306
(23) CHRISTINE NYIRJESY BRAGALE DIRECTOR, COMMUNICATIONS (CORP	40.0 0.0			✔				129,178	0	5,280
(24) ANA TERESA GUTIERREZ-SAN MARTIN CHIEF EXECUTIVE OFFICER	40.0 0.0	✔		✔				99,271	0	409
(25) (SEE STATEMENT)										
1b Subtotal . . . ▶								6,306,263	0	978,312
c Total from continuation sheets to Part VII, Section A . . . ▶								66,975	0	0
d Total (add lines 1b and 1c) . . . ▶								6,373,238	0	978,312

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 ▶ 470

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

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
ERNST AND YOUNG US LLP, 200 PLAZA DRIVE, SECAUCUS, NJ 07094	AUDIT AND TAX SERVICES	889,595
GRINDR LLC, 750 N SAN VICENTE BLVD, WEST HOLLYWOOD, CA 90069-5788	MEDIA- DIRECT AD	692,845
BAKER TILLY US LLP, 8219 LEESBURG PIKE, SUITE 800, TYSONS, VA 22182	TECH ADVISORY CONSULTING SERVICES	616,313
ENCOMPASS LLC, 1100 WAYNE AVENUE, SUITE 1200, SILVER SPRING, MD 20910	SUBAWARDS	563,278
TECHNO BRAIN LLC, 4850 TAMIAMI TRAIL NORTH, SUITE 301, NAPLES, FL 34103	INTEGRATION DEVELOPER	454,026

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 ▶ 31

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	0					
	b	Membership dues	1b	0					
	c	Fundraising events	1c	0					
	d	Related organizations	1d	7,000,000					
	e	Government grants (contributions)	1e	685,619,095					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	71,613,121					
	g	Noncash contributions included in lines 1a–1f	1g	$ 0					
	h	**Total.** Add lines 1a–1f ▶				764,232,216			
Program Service Revenue				Business Code					
	2a	USAID		541700		38,100,228	38,100,228	0	0
	b	DHHS		541700		19,118,748	19,118,748	0	0
	c	UK FOREIGN AND COMMONWEALTH OFFICE		541700		4,042,214	4,042,214	0	0
	d	JOHNSON AND JOHNSON		541700		2,384,654	2,384,654	0	0
	e	EDUCATION ABOVE ALL FOUNDATION		541700		1,286,292	1,286,292	0	0
	f	All other program service revenue		541700		5,626,380	5,626,380	0	0
	g	**Total.** Add lines 2a–2f ▶				70,558,516			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶				562,741		0	562,741
	4	Income from investment of tax-exempt bond proceeds ▶				0	0	0	0
	5	Royalties ▶				43,727		0	43,727
				(i) Real	(ii) Personal				
	6a	Gross rents	6a	951,702	0				
	b	Less: rental expenses	6b	1,552,291	0				
	c	Rental income or (loss)	6c	(600,589)	0				
	d	Net rental income or (loss) ▶				(600,589)			(600,589)
				(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	0	139,076				
	b	Less: cost or other basis and sales expenses	7b	0	0				
	c	Gain or (loss)	7c	0	139,076				
	d	Net gain or (loss) ▶				139,076	0	0	139,076
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0					
	b	Less: direct expenses	8b	0					
	c	Net income or (loss) from fundraising events ▶				0		0	0
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0					
	b	Less: direct expenses	9b	0					
	c	Net income or (loss) from gaming activities ▶				0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	10a	0					
	b	Less: cost of goods sold	10b	0					
	c	Net income or (loss) from sales of inventory ▶				0	0	0	0
Miscellaneous Revenue				Business Code					
	11a					0		0	0
	b					0	0	0	0
	c					0	0	0	0
	d	All other revenue				0	0	0	0
	e	**Total.** Add lines 11a–11d ▶				0			
	12	**Total revenue.** See instructions ▶				834,935,687	70,558,516	0	144,955

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	159,210,883	159,210,883		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	148,029,609	148,029,609		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	7,379,790	4,204,219	3,175,571	0
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	0	0	0
7 Other salaries and wages	156,291,897	96,080,583	60,211,314	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,041,919	8,892,231	6,149,688	0
9 Other employee benefits	8,382,531	5,320,808	3,061,723	0
10 Payroll taxes	10,371,411	6,131,198	4,240,213	0
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	931,085	494,585	436,500	0
c Accounting	1,309,310	266,015	1,043,295	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	49,201,218	38,557,898	10,643,320	0
12 Advertising and promotion	140,747	117,403	23,344	0
13 Office expenses	31,402,525	28,236,325	3,166,200	0
14 Information technology	6,856,675	3,043,368	3,813,307	0
15 Royalties	0	0	0	0
16 Occupancy	53,168,057	11,594,617	41,573,440	0
17 Travel	39,853,815	37,657,293	2,196,522	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	23,929,273	23,369,614	559,659	0
20 Interest	59,521	0	59,521	0
21 Payments to affiliates	360,146	44,981	315,165	0
22 Depreciation, depletion, and amortization	2,868,896	0	2,868,896	0
23 Insurance	1,616,455	500,855	1,115,600	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FIELD OFFICE EXPENSES	108,109,454	102,854,580	5,254,874	0
b PARTICIPANT/PASS THROUG	23,017,597	23,017,597	0	0
c EQUIPMENT	14,551,521	14,399,943	151,578	0
d				
e All other expenses	26,888,563	8,686,405	18,202,158	0
25 **Total functional expenses.** Add lines 1 through 24e	888,972,898	720,711,010	168,261,888	0
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			106,111,985	1	91,465,744
	2	Savings and temporary cash investments			65,003,701	2	57,259,388
	3	Pledges and grants receivable, net			4,000,000	3	250,000
	4	Accounts receivable, net			92,539,179	4	126,880,641
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			0	6	0
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			7,480,503	9	10,450,886
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	32,862,570			
	b	Less: accumulated depreciation	10b	24,386,127	8,988,237	10c	8,476,443
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			12,722,813	12	7,784,905
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			22,183,262	15	26,317,673
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			319,029,680	16	328,885,680
Liabilities	17	Accounts payable and accrued expenses			104,836,522	17	97,874,719
	18	Grants payable				18	
	19	Deferred revenue			88,036,490	19	83,112,468
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	5,800,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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			9,997,702	25	17,368,462
	26	**Total liabilities.** Add lines 17 through 25			202,870,714	26	204,155,649
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			116,158,966	27	124,730,031
	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			116,158,966	32	124,730,031
	33	Total liabilities and net assets/fund balances			319,029,680	33	328,885,680

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	834,935,687
2	Total expenses (must equal Part IX, column (A), line 25)	2	888,972,898
3	Revenue less expenses. Subtract line 2 from line 1	3	(54,037,211)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,158,966
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	62,608,276
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,730,031

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked “Other,” explain on Schedule O.			
2a	Were the organization’s financial statements compiled or reviewed by an independent accountant?	2a		✔
	If “Yes,” check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization’s financial statements audited by an independent accountant?	2b	✔	
	If “Yes,” check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If “Yes” to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	✔	
b	If “Yes,” did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	✔	

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 (Check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(25) PHILIP LOCHNER BOARD MEMBER	2.0 2.0	✓						9,870	0	0
(26) SHEILA MITCHELL BOARD MEMBER	2.0 0.0	✓						9,165	0	0
(27) ARON BETRU BOARD MEMBER	2.0 2.0	✓						7,755	0	0
(28) GREGORY M. GUNN BOARD MEMBER	2.0 0.0	✓						6,698	0	0
(29) JOHN NEWSTEAD BOARD MEMBER	2.0 0.0	✓						6,345	0	0
(30) WARREN SIMMONS VICE CHAIRMAN	2.0 0.0	✓						6,345	0	0
(31) JACQUELINE MAHAL BOARD MEMBER	2.0 0.0	✓						5,816	0	0
(32) PAUL DE LAY CHAIRMAN	2.0 9.0	✓						5,816	0	0
(33) JANET COWELL BOARD MEMBER	2.0 0.0	✓						5,640	0	0
(34) H.E. KAMISSA CAMARA BOARD MEMBER	2.0 0.0	✓						3,525	0	0

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization
FAMILY HEALTH INTERNATIONAL INC

Employer identification number
23-7413005

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).)
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 on 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** 2021	**(f)** Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** 2021	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . **14** %

15 Public support percentage from 2020 Schedule A, Part II, line 14 . . . **15** %

16a **33 1/3% support test—2021.** 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 . . . ▶ ☐

b **33 1/3% support test—2020.** 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 . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** 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 . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** 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 . . . ▶ ☐

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 . . . ▶ ☐

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	813,431,046	653,577,598	573,828,966	688,624,181	764,232,216	3,493,694,007
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 . . .	15,445,238	127,284,293	100,271,584	76,152,152	70,558,515	389,711,782
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	828,876,284	780,861,891	674,100,550	764,776,333	834,790,731	3,883,405,789
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
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	4,435,581	79,624,549	76,512,026	43,511,075	40,520,262	244,603,493
c Add lines 7a and 7b	4,435,581	79,624,549	76,512,026	43,511,075	40,520,262	244,603,493
8 **Public support.** (Subtract line 7c from line 6.)						3,638,802,296

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	828,876,284	780,861,891	674,100,550	764,776,333	834,790,731	3,883,405,789
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	858,256	65,728	(1,374,075)	(227,446)	144,955	(532,582)
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	858,256	65,728	(1,374,075)	(227,446)	144,955	(532,582)
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	721,620	4,106,347	282,619	0	5,110,586
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	829,734,540	781,649,239	676,832,822	764,831,506	834,935,686	3,887,983,793

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	93.59 %
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	95.30 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) . . .	17	0.00 %
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	0.11 %

19a **33 1/3% support tests—2021.** 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—2020.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**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)? *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).*	**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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b 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? *If "Yes" or "No," provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	**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 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**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):			
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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	**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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ 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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

	Section E—Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 . . .			
b	Excess from 2018 . . .			
c	Excess from 2019 . . .			
d	Excess from 2020 . . .			
e	Excess from 2021 . . .			

Part VI

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	

Other Income Type	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(1)		721,620	4,106,347	282,619		5,110,586

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Name of the organization	**Employer identification number**
FAMILY HEALTH INTERNATIONAL INC	23-7413005

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☑ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . ▶ $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
FAMILY HEALTH INTERNATIONAL INC	23-7413005

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 538,246,588	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 89,421,839	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 36,104,108	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 11,726,792	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 7,919,840	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 7,250,641	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FAMILY HEALTH INTERNATIONAL INC	23-7413005

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 6,882,840	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
FAMILY HEALTH INTERNATIONAL INC	23-7413005

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
FAMILY HEALTH INTERNATIONAL INC	23-7413005

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
FAMILY HEALTH INTERNATIONAL INC

Employer identification number
23-7413005

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 (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $

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

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

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ▶ ________ %
b Permanent endowment ▶ ________ %
c Term endowment ▶ ________ %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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		19,001,911	12,693,642	6,308,269
d Equipment		13,198,644	11,692,485	1,506,159
e Other		662,015	0	662,015
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				8,476,443

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

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

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) INVESTMENT IN SUBSIDIARIES	23,320,005
(2) 457(B) DEFERRED COMPENSATION PLAN ASSETS	3,094,737
(3) OTHER ASSETS	(97,069)
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	26,317,673

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

1. **(a)** Description of liability	**(b)** Book value
(1) Federal income taxes	
(2) DEFERRED RENT	3,926,875
(3) 457(B) DEFERRED COMP PLAN LIABILITY	3,094,737
(4) OTHER LIABILITIES	10,346,850
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	17,368,462

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

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.

SEE STATEMENT

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 - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	FHI 360 IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FHI 360 AND CONCLUDED PART X, LINE 2: FAMILY HEALTH INTERNATIONAL 23-7413005 THAT AS OF SEPTEMBER 30, 2022 AND 2021, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization: FAMILY HEALTH INTERNATIONAL INC

Employer identification number 23-7413005

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	5	99	GRANTMAKING		14,879,214
(2)	EAST ASIA AND THE PACIFIC	13	783	GRANTMAKING		103,359,594
(3)	EUROPE (INCLUDING ICELAND AND GREENLAND)	1	9	GRANTMAKING		2,252,619
(4)	MIDDLE EAST AND NORTH AFRICA	14	215	GRANTMAKING		35,885,399
(5)	NORTH AMERICA (CANADA & MEXICO ONLY)	1	21	GRANTMAKING		2,892,226
(6)	RUSSIA AND NEIGHBORING STATES	4	65	GRANTMAKING		13,869,995
(7)	SOUTH AMERICA	1	29	GRANTMAKING		2,558,642
(8)	SOUTH ASIA	5	149	GRANTMAKING		28,259,817
(9)	SUB-SAHARAN AFRICA	78	2,087	GRANTMAKING		361,007,143
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	122	3,457			564,964,649
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	122	3,457			564,964,649

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	HIV/AIDS	4,471,083	WIRE TRANSFER			
(2)			EAST ASIA AND THE PACIFIC	HIV/AIDS	26,993,920	WIRE TRANSFER			
(3)			MIDDLE EAST AND NORTH AFRICA	HIV/AIDS	479,575	WIRE TRANSFER			
(4)			RUSSIA AND NEIGHBORING STATES	HIV/AIDS	2,991,573	WIRE TRANSFER			
(5)			SOUTH AMERICA	HIV/AIDS	1,094,824	WIRE TRANSFER			
(6)			SOUTH ASIA	HIV/AIDS	5,425,114	WIRE TRANSFER			
(7)			SUB-SAHARAN AFRICA	HIV/AIDS	73,534,803	WIRE TRANSFER			
(8)			EAST ASIA AND THE PACIFIC	GLOBAL HEALTH	5,404,497	WIRE TRANSFER			
(9)			MIDDLE EAST AND NORTH AFRICA	GLOBAL HEALTH	4,885,669	WIRE TRANSFER			
(10)			RUSSIA AND NEIGHBORING STATES	GLOBAL HEALTH	196,991	WIRE TRANSFER			
(11)			SOUTH ASIA	GLOBAL HEALTH	2,654,712	WIRE TRANSFER			
(12)			SUB-SAHARAN AFRICA	GLOBAL HEALTH	88,060,842	WIRE TRANSFER			
(13)			CENTRAL AMERICA AND THE CARIBBEAN	SOCIO-ECONOMIC	2,275,582	WIRE TRANSFER			
(14)			EAST ASIA AND THE PACIFIC	SOCIO-ECONOMIC	11,106,142	WIRE TRANSFER			
(15)			EUROPE (INCLUDING ICELAND AND GREENLAND)	SOCIO-ECONOMIC	2,061,104	WIRE TRANSFER			
(16)			(SEE STATEMENT)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . ▶ 29

3 Enter total number of other organizations or entities . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash 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; don't file with Form 990)* . . . ☐ **Yes** ☑ **No**

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see 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; don't file with Form 990)* . . . ☑ **Yes** ☐ **No**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(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, apraisal, other)
(16)		MIDDLE EAST AND NORTH AFRICA	SOCIO-ECONOMIC	7,676,306	WIRE TRANSFER			
(17)		NORTH AMERICA (CANADA & MEXICO ONLY)	SOCIO-ECONOMIC	1,385,035	WIRE TRANSFER			
(18)		RUSSIA AND NEIGHBORING STATES	SOCIO-ECONOMIC	4,412,637	WIRE TRANSFER			
(19)		SOUTH AMERICA	SOCIO-ECONOMIC	8,244,900	WIRE TRANSFER			
(20)		SOUTH ASIA	SOCIO-ECONOMIC	2,292,628	WIRE TRANSFER			
(21)		SUB-SAHARAN AFRICA	SOCIO-ECONOMIC	7,471,873	WIRE TRANSFER			
(22)		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL EDUCATION	681,140	WIRE TRANSFER			
(23)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GLOBAL EDUCATION	321,678	WIRE TRANSFER			
(24)		MIDDLE EAST AND NORTH AFRICA	GLOBAL EDUCATION	2,631,240	WIRE TRANSFER			
(25)		RUSSIA AND NEIGHBORING STATES	GLOBAL EDUCATION	108,014	WIRE TRANSFER			
(26)		SOUTH ASIA	GLOBAL EDUCATION	3,983,978	WIRE TRANSFER			
(27)		SUB-SAHARAN AFRICA	GLOBAL EDUCATION	22,411,467	WIRE TRANSFER			
(28)		EAST ASIA AND THE PACIFIC	REPRODUCTIVE HEALTH	102,224	WIRE TRANSFER			
(29)		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	13,382,113	WIRE TRANSFER			

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); andPart III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	FHI 360 UTILIZES A VARIETY OF TOOLS TO ENSURE PROGRAMS ARE IMPLEMENTED AT APPLICABLE REQUIREMENTS AND FOLLOWING SOUND FINANCIAL PRACTICES. THESE TOOLS INCLUDE, BUT ARE NOT LIMITED TO, TECHNICAL SITE VISITS TO GRANTEE OFFICES, ATTENDANCE AT GRANTEE EVENTS TO MEASURE SUCCESS, FINANCIAL MONITORING AND AUDITS, REGULAR TECHNICAL AND FINANCIAL REPORTING, REVIEW OF PROCUREMENT DOCUMENTS AND REVIEWS OF BUDGET VERSUS ACTUAL EXPENSES. MOST GRANTS ARE FUNDED FOR ONE YEAR OR LESS.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: FAMILY HEALTH INTERNATIONAL INC

Employer identification number: 23-7413005

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	94-1646278	501(C)(3)	57,680	0			INTEGRATED DEVELOPMENT
(2) (SEE STATEMENT)	52-6002033	501(C)(3)	625,201	0			HIV RELATED RESEARCH
(3) (SEE STATEMENT)	13-5563422	501(C)(3)	814,426	0			CIVIL SOCIETY & GOVERNANCE
(4) (SEE STATEMENT)	94-3261569	501(C)(3)	294,949	0			(SEE STATEMENT)
(5) (SEE STATEMENT)	52-0595110	501(C)(3)	3,114,453	0			HIV/ AIDS PREVENTION
(6) (SEE STATEMENT)	63-6005396	GOVERNMENT	38,695	0			HIV/ AIDS PREVENTION
(7) (SEE STATEMENT)	13-1685039	501(C)(3)	849,520	0			HIV/ AIDS PREVENTION
(8) (SEE STATEMENT)	95-6006144	501(C)(3)	9,561,674	0			HIV RELATED RESEARCH
(9) (SEE STATEMENT)	54-1795186	501(C)(3)	459,651	0			(SEE STATEMENT)
(10) THE TRUSTEES COLUMBIA 615 W 131 ST STREET, NEW YORK, NY 10027	13-5598093	501(C)(3)	5,304,354	0			HIV/ AIDS PREVENTION
(11) (SEE STATEMENT)	23-1352685	501(C)(3)	717,226	0			HIV RELATED RESEARCH
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 157

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 31

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
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.

(SEE STATEMENT)

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) UNC CHAPEL HILL OFFICE OF PO BOX 402420, ATLANTA, GA 30384	56-6001393	501(C)(3)	46,886	0			GLOBAL HEALTH
(13) UNIVERSITY OF NORTH CAROLINA 450 WEST DRIVE, CB 7295, CHAPEL HILL, NC 27599-7295	56-6001393	501(C)(3)	4,757,311	0			HIV/ AIDS PREVENTION
(14) VANDERBILT UNIVERSITY MEDICAL 3319 WEST END AVE, STE 100, NASHVILLE, TN 37203	35-2528741	501(C)(3)	170,511	0			SOCIO-ECONOMIC DEVELOPMENT
(15) RTI INTERNATIONAL P.O.BOX 900002, RALEIGH, NC 27675-9000	56-0686338	501(C)(3)	260,827	0			HIV/ AIDS PREVENTION
(16) REGENTS OF THE UNIVERSITY CONTRACTS & GRANTS OFFICE, 3333 CALIFORNIA ST, SUITE 315, SAN FRANCISCO, CA 94541	94-6036493	501(C)(3)	372,830	0			HIV/ AIDS PREVENTION
(17) THE GEORGE WASHINGTON UNIVERSITY 2100-W PENNSYLVANIA AVE NW, SCH PUB HLTH SVCS 8TH FLR, WASHINGTON, DC 20037	53-0196584	501(C)(3)	3,656,015	0			HIV/ AIDS PREVENTION
(18) SEARCH FOR COMMON GROUND 1730RHODE ISLAND AVE NW , SUITE 1101, WASHINGTON, DC 22036	52-1257425	501(C)(3)	152,593	0			EDUCATIONAL DEVELOPMENT
(19) UNIVERSITY OF MINNESOTA 222-21ST AVENUE SOUTH, MINNEAPOLIS, MN 55455	41-6007513	GOVERNMENT	255,229	0			EDUCATIONAL DEVELOPMENT
(20) TULANE UNIVERSITY UNIT #847, 1440 CANAL STREET STE 1720, NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	1,649,867	0			HIV RELATED RESEARCH
(21) WORLD VISION INC 330 I STREET, N. E., SUITE 270, WASHINGTON, DC 20002-4373	95-1922279	501(C)(3)	1,251,567	0			SOCIO-ECONOMIC DEVELOPMENT
(22) POPULATION COUNCIL INC ONE DAG HAMMARSKJOLD PLAZA, SECOND FLOOR, NEW YORK, NY 10017	13-1687001	501(C)(3)	57,475	0			MATERNAL HEALTH AND NUTRITION
(23) HARVARD UNIVERSITY 23 EVERETT STE 327, MRCT OFFICE, CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	976,061	0			HIV RELATED RESEARCH
(24) HELEN KELLER INTERNATIONAL 352 PARK AVENUE, S., SUITE 1200, NEW YORK, NY 10010	13-5562162	501(C)(3)	17,100,071	0			CANCER PREVENTION TECH DEVELOPMENT
(25) ICNL 1126 16TH STREET, N. W. , # 400, WASHINGTON , DC 20036	52-1818273	501(C)(3)	1,044,207	0			EDUCATIONAL DEVELOPMENT
(26) INTERNATIONAL RESEARCH EX EXCHANGE BOARD , 1275 K STREET, NW, SUITE 600, WASHINGTON , DC 20005	22-3087809	501(C)(3)	575,891	0			SOCIO-ECONOMIC DEVELOPMENT
(27) POPULATION SERVICES INTERNATIONAL SUITE 600, 1120 19TH ST NW, WASHINGTON, DC 20036	56-0942853	501(C)(3)	7,001,235	0			MATERNAL HEALTH AND NUTRITION

(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
(28) INTERNATIONAL RESCUE COMM 122 EAST 42ND STREET, NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	2,807,178	0			SOCIO-ECONOMIC DEVELOPMENT
(29) EQUAL ACCESS INTERNATIONAL 271 AUSTIN STREET, SAN FRANCISCO, CA 94109	94-3402601	501(C)(3)	232,081	0			SOCIO-ECONOMIC DEVELOPMENT
(30) PATH ACS PLAZA, 4TH FLOOR, LENANA ROAD, NAIROBI, NONE, 00100, KE	91-1157127	501(C)(3)	655,352	0			HIV/ AIDS PREVENTION
(31) DAI DEVELOPMENT ALTERNATIVE ATTN CASH MGMT DEPT, 7600 WISCONSIN AVE STE 200, BETHESDA, MD 20814	52-0904808		352,293	0			CIVIL SOCIETY & GOVERNANCE
(32) GEORGETOWN UNIVERSITY 37TH & O STREET, NW, WASHINGTON, DC 20057	53-0196603	501(C)(3)	24,973	0			HIV/ AIDS PREVENTION
(33) RESULTS FOR DEVELOPMENT I 1111 19TH ST, NW SUITE 700, WASHINGTON, DC 20036	20-8530747	501(C)(3)	214,523	0			MEDICAL ACCESS
(34) UNIVERSITY OF ALABAM ACHL 703 19TH STREET SOUTH, ZRB 242, BIRMINGHAM, AL 35294-0007	63-6005396	GOVERNMENT	298,749	0			HIV RELATED RESEARCH
(35) PACT INC 1828 L STREET, NW, SUITE 300 , WASHINGTON , DC 20036	13-2702768	501(C)(3)	5,177,763	0			HIV/ AIDS PREVENTION
(36) UNIV. OF NEBRASKA MEDICAL SPONSORED PROGRAMS ACCOUNTING, BOX 985100, OMAHA, NE 68198-5100	47-0785575	501(C)(3)	13,418	0			HIV/ AIDS PREVENTION
(37) SCHOOL TO SCHOOL INTERNATIONAL MARK LYND, PRESIDENT, 200 SAN MARLO WAY,SUITE 3, PACIFICA H, CA 94044	02-0600889	501(C)(3)	76,492	0			EDUCATIONAL DEVELOPMENT
(38) UNIVERSITY OF CINCINNATI ACCOUNTS RECEIVABLE, P.O. BOX 691031, CINCINNATI, OH 45269-1031	31-6000989	GOVERNMENT	3,141,566	0			HIV/ AIDS PREVENTION
(39) BLACK AIDS INSTITUTE 1833 WEST 8TH STREET SUITE 200, LOS ANGELES, CA 90057	95-4742741	501(C)(3)	42,418	0			HIV/ AIDS PREVENTION
(40) VIRGINIA COMMONWEALTH UNIVERSITY 924 WEST FRANKLIN STREET, PO BOX 843031, RICHMOND, VA 23284	54-6001758	GOVERNMENT	140,922	0			CLINICAL TRIALS RESEARCH
(41) COLUMBIA UNIVERSITY SCHOOL OF PUBLIC HEALTH , 600 W 168TH ST.,6TH FLOOR, NEW YORK , NY 10032	13-5598093	501(C)(3)	1,674,008	0			HIV/ AIDS PREVENTION
(42) JSI RESEARCH AND TRAINING 1616 FORT MYER DRIVE, 11TH FLOOR, ARLINGTON, VA 22209	04-2679824	501(C)(3)	116,537	0			HIV/ AIDS PREVENTION
(43) MASSACHUSETTS GENERAL HOSPITAL 55 FRUITE STREET, BOSTON, MA 02114	04-2697983	GOVERNMENT	54,056	0			HIV RELATED RESEARCH
(44) AVAC COALITION , 423 WEST 127TH STREET,4TH FL, NEW YORK , NY 10027	94-3240841	501(C)(3)	782,151	0			HIV RELATED RESEARCH

(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
(45) GRETCHEN SWANSON CENTER CENTER FOR NUTRITION, RM 1024 , 8401 WEST DODGE ROAD, SUITE 100, OMAHA , NE 68114	27-4313546	501(C)(3)	48,063	0			NUTRITION DEVELOPMENT
(46) INSTITUTE FOR CLINIC ACHL PO BOX 29545, WASHINGTON, DC 20017-0745	52-1336656	501(C)(3)	32,956	0			GLOBAL HEALTH
(47) ABOUNDING PROSPERITY INC 2311 DR MARTIN LUTHER KING DR , DALLAS , TX 75215	20-3746990	501(C)(3)	365,650	0			HIV/ AIDS PREVENTION
(48) GEORGE WASHINGTON 45155 RESEARCH PLACE, 2ND FLOOR, ASHBURN, VA 20147	53-1096584	501(C)(3)	182,992	0			HIV RELATED RESEARCH
(49) PUBLIC FOUNDATION EN 12801 CROSSROADS PARKWAY SOUTH, SUITE 200, CITY OF INDUSTRY, CA 91746-3505	95-2557063	501(C)(3)	575,533	0			GLOBAL HEALTH
(50) WEILL MEDICAL COLLEGE OF 1300 YORK AVENUE, BOX 89, NEW YORK, NY 10065	13-1623978	501(C)(3)	2,001,152	0			HIV RELATED RESEARCH
(51) DELOITTE CONSULTING LLP P O BOX 844717, DALLAS, TX 75284-4717	06-1454513		2,059,615	0			HIV/ AIDS PREVENTION
(52) HDI INC 121 S. TEJON STREET, SUITE 1100, COLORADO SPRINGS, CO 80903	30-0207842	501(C)(3)	1,802,293	0			HIV/ AIDS PREVENTION
(53) MERIDIAN GROUP INTERNATIONAL 1250 24TH STREET NW, SUITE 350, WASHINGTON, DC 20037	54-1832764		237,470	0			GLOBAL HEALTH
(54) RUTGERS THE STATE UNIVERSITY GRANT CONTRACTS, 33 KNIGHTSBRIDGE RD 2ND FLR, PISCATAWAY, NJ 08854	22-6001086	501(C)(3)	1,422,861	0			HIV/ AIDS PREVENTION
(55) DIMAGI INC 585 MASSACHUSETTS AVENUE , CAMBRIDGE , MA 02139	83-0343298	501(C)(3)	383,983	0			GLOBAL HEALTH
(56) TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY, HNRCA, 711 WASHINGTON STREET, B11, BOSTON, MA 02111	04-2103634	501(C)(3)	46,398	0			HIV/ AIDS PREVENTION
(57) THE OHIO STATE UNIVERSITY DIVISION OF INFECTIOUS DISEASES, N1145 DOAN HALL, COLUMBUS, OH 43210-1240	31-6025986	PUBLICATION 78	830,934	0			HIV/ AIDS PREVENTION
(58) CITY AND COUNTY OF SAN FRANCISCO 1380 HOWARD ST, SUITE 423A, SAN FRANCISCO, CA 94103	94-6000417	GOVERNMENT	33,871	0			HIV/ AIDS PREVENTION
(59) INTRAHEALTH INTERNATIONAL 6340 QUANDRANGLE DR SUITE 200, CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	45,026	0			HIV/ AIDS PREVENTION
(60) JOHNS HOPKINS UNIVERSITY 733 NORTH BROADWAY, BALTIMORE, MD 21205-1832	52-0595110	501(C)(3)	1,405,320	0			HIV RELATED RESEARCH

(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
(61) FENWAY COMMUNITY HEALTH 1340 BOYLSTON STREET, 8TH FLOOR, BOSTON, MA 02215-4302	04-2510564	501(C)(3)	571,780	0			GLOBAL HEALTH
(62) UNIVERSITY OF WASHINGTON ATTN: SERIANNA BOCK, FINANCE MANAGE, CAMPUS BOX 353600, SEATTLE, WA 98195	91-6001537	501(C)(3)	335,296	0			HIV RELATED RESEARCH
(63) WASHINGTON UNIVERSITY WUS 700 ROSEDALE AVENUE, SPONSORED PROJECT CB 1034, ST LOUIS, MO 63112-1408	43-0653611	501(C)(3)	1,110,456	0			HIV/ AIDS PREVENTION
(64) UNIVERSITY OF UNC AT CHAPEL HILL CAMPUS BOX # 1220, CHAPEL HILL, NC 27599-1220	56-6001393	501(C)(3)	1,605,434	0			HIV/ AIDS PREVENTION
(65) FRED HUTCHINSON CANCER RE 1100 FAIRVIEW AVENUE N J6-300, P O BOX 19024, SEATTLE, WA 98109	23-7156071	501(C)(3)	567,618	0			HIV RELATED RESEARCH
(66) HOWARD UNIVERSITY RESEARCH ADMINISTRATIVE SERVICES, 525 BRYANT STREET NW, WASHINGTON, DC 20059	53-0204707	501(C)(3)	990,766	0			HIV/ AIDS PREVENTION
(67) SAVE THE CHILDREN 501 KINGS HIGHWAY EAST SUITE, 400, FAIRFIELD, CT 06825	60-7264870	501(C)(3)	3,346,033	0			HIV/ AIDS PREVENTION
(68) INTERNEWS NETWORK PO BOX 4448 , ARCATA , CA 95518	94-3027961	501(C)(3)	12,189,783	0			INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
(69) UNIVERSITY OF MASSACHUSET 100 VENTURE WAY SUITE 201, HADLEY, MA 01035	04-3167352	501(C)(3)	319,367	0			EDUCATIONAL DEVELOPMENT
(70) BRIGHAM & WOMEN'S HOSPITAL BANK OF AMERICA NA, P O BOX 3887, BOSTON, MA 02241-3887	04-2312909	501(C)(3)	71,126	0			HIV/ AIDS PREVENTION
(71) YALE UNIVERSITY P.O. BOX 208260, NEW HAVEN, CT 06520-8260	06-0646973	501(C)(3)	760,488	0			HIV RELATED RESEARCH
(72) USER CENTERED DESIGN INC 20548 DEERWATCH PLACE, ASHBURN, VA 20147	54-2025453		6,000	0			NUTRITION DEVELOPMENT
(73) PUBLIC INTERNATIONAL 888 16TH ST NW, SUITE 831, WASHINGTON, DC 20006	04-3309296	501(C)(3)	237,390	0			SOCIO-ECONOMIC DEVELOPMENT
(74) EMORY UNIVERSITY OFFICE OF SPONSORED PROGRAMS, 1599 CLIFTON RD, ATLANTA, GA 30322	58-0566256	501(C)(3)	957,552	0			HIV RELATED RESEARCH
(75) REGENTS OF THE UNIV OF CA 5171 CALIFORNIA AVE, SUITE 150, IRVINE, CA 92796-7600	95-2226406	GOVERNMENT	20,713	0			HIV/ AIDS PREVENTION
(76) WORLD LEARNING ATTEN: RUOQI SUN, 1015 15TH ST. NW, WASHINGTON, DC 20005	03-0179592	501(C)(3)	602,862	0			INTERNATIONAL DEVELOPMENT, RELIEF SERVICES

(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
(77) THE RESEARCH FOUNDATION 1400 WASHINGTON AVENUE MSC 312, ALBANY, NY 12222	14-1368361	501(C)(3)	58,678	0			HIV/ AIDS PREVENTION
(78) AVENIR HEALTH INC 41-A NEW LONDON TURNPIKE, GLASTONBURY, CT 06033-4241	20-4816286	501(C)(3)	658,793	0			HIV/ AIDS PREVENTION
(79) UNIVERSITY OF NOTRE DAME 731 GRACE HALL, NOTRE DAME, IN 46556	35-0868188	501(C)(3)	78,465	0			EDUCATIONAL DEVELOPMENT
(80) GEORGIA TECH RESEARCH OFFICE SPONSORED PROGRAMS, SUITE 300, 505 10TH ST. NW, ATLANTA, GA 30332	58-0603146	501(C)(3)	1,096,917	0			HIV RELATED RESEARCH
(81) HEKTOEN INSTITUTE FO ACHL 2240 W. OGDEN AVE, FL 2, CHICAGO, IL 60612-4882	36-2244897	501(C)(3)	290,826	0			HIV/ AIDS PREVENTION
(82) HEKTOEN INSTITUTE FOR MED 2240 W. OGDEN AVE, FL 2, CHICAGO, IL 60612-4882	36-2244897	501(C)(3)	1,863,032	0			HIV/ AIDS PREVENTION
(83) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD, COLUMBUS, OH 43210	31-6025986	PUBLICATION 78	26,704	0			HIV/ AIDS PREVENTION
(84) UNIVERSITY OF OREGON SPONSORED PROJECTS SERVICES, 5219 UNIVERSITY OF OREGON, EUGENE, OR 97403-5219	46-4727800	GOVERNMENT	213,520	0			SOCIO-ECONOMIC DEVELOPMENT
(85) UNIVERSITY OF COLORADO 19 UCB, UNIVERSITY OF CALORADO, BOULDER, CO 80309	84-6000555	501(C)(3)	1,538,621	0			HIV RELATED RESEARCH
(86) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE, CLEVELAND, OH 44106-7015	34-1018992	501(C)(3)	569,825	0			HIV RELATED RESEARCH
(87) IOWA STATE UNIVERSITY OF 1138 PEARSON HALL, 505MORRILL ROAD, AMES, IA 50011-2207	42-6004224	GOVERNMENT	493,049	0			SOCIO-ECONOMIC DEVELOPMENT
(88) UNIVERSITY OF ILLINOIS 1207 S OAK ST, CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	4,467,901	0			HIV RELATED RESEARCH
(89) UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET, SUITE 201, PITTSBURGH, PA 15260	25-0965591	501(C)(3)	2,286,762	0			HIV RELATED RESEARCH
(90) PALLADIUM INTERNATIONAL 1331 PENNSYLVANIA AVENUE NW , SUITE 600, WASHINGTON, DC 20004	26-1509671	501(C)(3)	1,291,759	0			HIV/ AIDS PREVENTION
(91) MPACT 436 14TH STREET, SUITE 100, OAKLAND, CA 94612	47-1065461	501(C)(3)	99,548	0			HIV/ AIDS PREVENTION
(92) STAYING ALIVE FOUNDATION 1540 BROADWAY, NEW YORK, NY 10036	20-0957052	501(C)(3)	39,555	0			HIV/ AIDS PREVENTION
(93) ARIZONA STATE UNIVERSITY CENTERPOINT, SUITE 312, 660 S MILL AVE, TEMPE, AZ 85287-6011	86-0196696	GOVERNMENT	588,886	0			EDUCATIONAL DEVELOPMENT
(94) GEORGE MASON UNIVER 4400 UNIVERSITY DRIVE, MSN 4C6, FAIRFAX, VA 22030-4422	54-0836354	GOVERNMENT	321,426	0			EDUCATIONAL DEVELOPMENT

(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
(95) COMMUNITY EXPERT SOLUTION 500 LAUREL SPRINGS DR., APT 513, DURHAM, NC 27713	81-5142066		32,162	0			GLOBAL HEALTH
(96) MAGEE WOMENS RESEARCH INS 3240 CRAFT PLACE, 1ST FLOOR, PITTSBURGH, PA 15213	25-1462312	501(C)(3)	4,428,871	0			GLOBAL HEALTH
(97) CAYEN SYSTEMS 7100 W.CENTER STREET, MILWAUKEE, WI 53210	47-5313048	501(C)(3)	16,500	0			SOCIO-ECONOMIC DEVELOPMENT
(98) OUR PIECE OF THE PIE INC 20-28 SARGEANT STREET, 2ND FLOOR, HARTFORD, CT 06105	06-0939659	501(C)(3)	335,357	0			SOCIO-ECONOMIC DEVELOPMENT
(99) INTERNATIONAL AIDS VACCIN 125 BROAD STREET, 9TH FLOOR, NEW YORK, NY 10004	13-3870223	501(C)(3)	2,960,342	0			HIV/ AIDS PREVENTION
(100) THE GLOBAL HEALTH IMPACT 1678 GLENCOVE AVE SE, ATLANTA, GA 30317	47-2488624		6,638	0			GLOBAL HEALTH
(101) FLG ENTERPRISES LLC 2020 PENNSYLVANIA AVE NW, SUITE 278, WASHINGTON, DC 20006	500-78-7605		15,000	0			EDUCATIONAL DEVELOPMENT
(102) ECONOMIC DEVELOPMENT INDU 43 HAWKINS STREET, BOSTON, MA 02114	04-2519577		50,605	0			YOUTH DEVELOPMENT
(103) PHOENIX YOUTH AND FAMILY 310 NORTH ALABAMA STREET, CROSSETT, AR 71635	71-0778516	501(C)(3)	165,900	0			YOUTH DEVELOPMENT
(104) BALTIMORE CITY MAYORS OFF 417 EAST FAYETTE STREET, SUITE 468, BALTIMORE, MD 21202	52-6000769	GOVERNMENT	71,745	0			YOUTH DEVELOPMENT
(105) CITY OF ALBANY DEPARTMENT 175 CENTRAL AVENUE, ALBANY, NY 12205	14-6002058	GOVERNMENT	6,903	0			YOUTH DEVELOPMENT
(106) KENTUCKIANAWORKS 410 W CHESTNUT STREET, SUITE 200, LOUISVILLE, KY 40242	46-4856936	501(C)(3)	168,969	0			YOUTH DEVELOPMENT
(107) VIAMO PBC 1250 CONNECTICUT AVENUE, SUITE 200, WASHINGTON, DC 20036	82-0825124		649,612	0			GLOBAL HEALTH
(108) IONA COLLEGE 715 NORTH AVENUE, NEW ROCHELLE, NY 10801	13-3508093	501(C)(3)	35,693	0			HIV RELATED RESEARCH
(109) UNIVERSITY RESEARCH CO.LL 5404 WISCONSIN AVENUE, SUITE 800, CHEVY CHASE, MD 20815	52-0939806		361,975	0			HIV RELATED RESEARCH
(110) HUMANITY AND INCLUSION SUITE 420, SILVER SPRING, MD 20910	55-0914744	501(C)(3)	429,458	0			YOUTH DEVELOPMENT
(111) GEORGIA SOUTHERN UNIVERSITY 261 FOREST DRIVE, VEAZEY HALL, P.O. BOX 8005, STATESBORO, GA 30460-8005	58-2354256	501(C)(3)	25,000	0			HIV RELATED RESEARCH
(112) OHIO UNIVERSITY 160 WEST UNION STREET OFFICE CENTER, 214, ATHENS, OH 46701	31-6402113	GOVERNMENT	190,381	0			ENGLISH LANGUAGE

(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
(113) AMERICAN LEPROSY MISSIONS 1 ALM WAU, GREENVILLE, SC 29601	13-5562163	501(C)(3)	337,201	0			GLOBAL HEALTH
(114) OVERSEAS STRATEGIC CONSULTANTS 1500 WALNUT STREET, SUITE 1300, PHILADELPHIA, PA 19102	23-2720769	501(C)(3)	87,700	0			GLOBAL HEALTH
(115) DENVERWORKS INC 6000 E EVANS AVE., DENVER, CO 80222	84-1349649	501(C)(3)	213,232	0			YOUTH DEVELOPMENT
(116) ENCOMPASS LLC 1451 ROCKWILLE PIKED, SUITE 600, ROCKVILLE, MD 20852	52-2228651		418,886	0			MATERNAL HEALTH AND NUTRITION
(117) PRONTO INTERNATIONAL 5419 GREENWOOD AVE N, SEATTLE, WA 98103	46-1318242	501(C)(3)	408,380	0			TECHNICAL SUPPORT
(118) INSTITUTE FOR HEALTHCARE 53 STATE STREET, 191H FLOOR, BOSTON, MA 02109	38-3017223	501(C)(3)	203,081	0			TECHNICAL SUPPORT
(119) NO MEANS NO WORLDWIDE 1765 GREENSBORO STATION PLACE #900, MCLEAN, VA 22102	46-4183160	501(C)(3)	125,847	0			HIV/ AIDS PREVENTION
(120) CRDF GLOBAL FOUNDATION 1776 WILSON BLVD, SUITE 300, ARLINGTON, VA 22209	23-7413005	501(C)(3)	87,517	0			GLOBAL HEALTH
(121) MEDICINES360 353 SACRAMENTO STREET, SUITE 300, SAN FRANCISCO, CA 94111	26-4443340	501(C)(3)	60,000	0			GLOBAL HEALTH
(122) AFTON BLOOM GROUP LLC 138 MESEROLE AVENUE, #3R, BROOKLYN, NY 11222	84-4684648		125,084	0			GLOBAL HEALTH
(123) MANN GLOBAL HEALTH GROUP MANN GLOBAL HEALTH, LLC, 704 HAWKS LANDING DRIVE, COLUMBUS, NC 28722	47-2218176		403,814	0			HIV/ AIDS PREVENTION
(124) KHULISA MANAGEMENT SERVICE 4550 MONTGOMERY AVENUE, SUITE 220, BETHESDA, MD 20814	25-1900325		27,776	0			HIV/ AIDS PREVENTION
(125) ATMA CONNECT 4200 PARK BLVD, #546, OAKLAND, CA 94602	81-2938272	501(C)(3)	394,873	0			CIVIL SOCIETY & GOVERNANCE
(126) KANSAS STATE UNIVERSITY 1601 VATTIER ST, 2 FAIRCHILD HALL, MANHATTAN, KS 66506-1103	48-0771751	GOVERNMENT	63,884	0			ENGLISH LANGUAGE
(127) ST JUDE CHILDRENS RESEARCH 262 DANNY THOMAS PLACE, MEMPHIS, TN 38015	62-0646012	501(C)(3)	2,119,318	0			HIV/ AIDS PREVENTION
(128) HOWARD DELAFIELD INTERNATIONAL 1101 30TH STREET, SUITE 500, WASHINGTON, DC 20007	20-4466234		146,784	0			GLOBAL HEALTH
(129) NATIONAL CENTER ON INSTITUTE 7130 RUTHERFORD RD., BALTIMORE, MD 21244	52-1094078	501(C)(3)	182,771	0			YOUTH DEVELOPMENT

(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
(130) THE RIGHTWAY FOUNDATION 3650 W MLK JR BLVD 195, LOS ANGELES, CA 90008	90-0761009	501(C)(3)	106,519	0			YOUTH DEVELOPMENT
(131) SUTTER BAY 475 BRANNAN STREET, CPMC RESEARCH INSTITUTE, SAN FRANCISCO, CA 94107-5419	94-0562680	501(C)(3)	786,740	0			HIV/ AIDS PREVENTION
(132) BOSTON MEDICAL CENTER HEALTH 660 HARRISON AVE, GAMBRO 236, FLOOR 2. CLINICAL TRIALS OFFICE, BOSTON, MA 02118	04-3314093	501(C)(3)	16,231	0			HIV/ AIDS PREVENTION
(133) JHPIEGO CORPORATION 1615 THAMES STREET, BALTIMORE, MD 21231	23-7424444	501(C)(3)	1,393,181	0			MATERNAL HEALTH AND NUTRITION
(134) VIRGINIA POLYTECHNIC INSTITUTE VT OFFICE OF SPONSORED PROGRAMS, 300 TURNER STREET NW # 4200, BLACKSBURG, VA 24061	54-6001805	GOVERNMENT	279,265	0			EDUCATIONAL DEVELOPMENT
(135) THE REGENTS OF THE UNIVERSITY 490 ILLINOIS STREET, 4TH FLOOR, SAN FRANCISCO, CA 94143	94-6036493	PUBLICATION 78	288,376	0			GLOBAL HEALTH
(136) UNIVERSITY OF COLORADO AN MAIL STOP B168, RESEARCH II, 12700 E 19TH AVE, AURORA, CO 80045	84-6000555	501(C)(3)	27,068	0			HIV/ AIDS PREVENTION
(137) FOR ALL HUMANS 1604 WEST BERWYN AVE #GDN, CHICAGO, IL 60640	85-2958981		6,500	0			PUBLIC HEALTH PROGRAM
(138) UNIV TEXAS HLTH SCI HOUSTON PO BOX 301418, DALLAS, TX 75303	74-1761309		2,714,773	0			HIV/ AIDS PREVENTION
(139) UNIVERSITY OF ROCHESTER M 500 JOSEPH C WILSON BLVD, ROCHESTER, NY 14627	16-0743209	501(C)(3)	134,484	0			HIV/ AIDS PREVENTION
(140) OPEN DEVELOPMENT 642 PICKFORD PL NE, WASHINGTON, DC 20002	47-2658640		800,362	0			GLOBAL HEALTH
(141) FSVC 10 EAST 53RD STREET 36TH FLOOR, NEW YORK, NY, NY 10022	13-3568629	501(C)(3)	686,291	0			CIVIL SOCIETY & GOVERNANCE
(142) MISSISSIPPI STATE UNIVERSITY OFF. CONTROLLER & TREASURER, P. O. BOX 5227, STARKVILLE, MS 39762	64-6000819	GOVERNMENT	45,627	0			CIVIL SOCIETY & GOVERNANCE
(143) E QUALITY PARTNERS LLC 48 E GOLDEN LAKE RD, CIRCLE PINES, MN 55014	85-4316124		152,416	0			GLOBAL HEALTH
(144) STAGE SIX INC 2201 WISCONSIN AVE., NW, SUITE 200, WASHINGTON, DC 20007	82-2158898		7,500	0			NUTRITION DEVELOPMENT
(145) FLORIDA STATE UNIVERSITY 1115 W. CALL STREET, TALLAHASSEE, FL 32306	59-1961248	GOVERNMENT	216,851	0			EDUCATIONAL DEVELOPMENT
(146) UNIVERSITY OF MARYLAND CO 7809 REGENTS DR., COLLEGE PARK, MD 20742	52-6002033	GOVERNMENT	71,607	0			PUBLIC HEALTH PROGRAM

(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
(147) COMMUNITIES IN SCHOOLS 6261 DUPONT STATION COURT E, JACKSONVILLE, FL 32217	59-3027895	501(C)(3)	40,000	0			SOCIO-ECONOMIC DEVELOPMENT
(148) IEARN 475 RIVERSIDE DR. SUITE 450, NEW YORK, NY 10015	13-3782233	501(C)(3)	115,744	0			ENGLISH LANGUAGE
(149) NATIONAL FOUNDATION FOR THE CDC 600 PEACHTREE ST NE, SUITE 1000, ATLANTA, GA 30308	58-2106707	501(C)(3)	424,780	0			HIV/ AIDS PREVENTION
(150) PARTNERS IN HEALTH 800 BOYLSTON STREET, SUITE 300, BOSTON, MA 02199	04-3567502	501(C)(3)	294,609	0			HIV/ AIDS PREVENTION
(151) NIVI INC 40 TALL PINE DRIVE, UNIT #11, SUDBURY, MA 01776	81-4277384		80,346	0			FAMILY PLANNING PROGRAM DEVELOPMENT
(152) SW ASSOCIATES LLC 2527 I STREET NW, WASHINGTON, DC 20037	20-4737685	501(C)(3)	331,973	0			SOCIO-ECONOMIC DEVELOPMENT
(153) YOUTH DEVELOPMENT LABS 3130 SHATTUCK AVE, BERKELEY, CA 94705	81-2339233	501(C)(3)	155,102	0			FAMILY PLANNING PROGRAM DEVELOPMENT
(154) INTERNATIONAL PARTNERSHIP 8405 COLESVILLE RD, SUITE 600, SILVER SPRING, MD 20910	01-0741733	501(C)(3)	166,790	0			FAMILY PLANNING PROGRAM DEVELOPMENT
(155) FREEDOM HOUSE 1850 M ST. NW, 11TH FLOOR, WASHINGTON, DC 20036	13-1656647	501(C)(3)	161,394	0			CIVIL SOCIETY & GOVERNANCE
(156) CORE 6464 SUNSET BLVD. SUITE 530, LOS ANGELES, CA 90028	27-1703237	501(C)(3)	170,000	0			HIV/ AIDS PREVENTION
(157) ASSIST INTERNATIONAL 800 SOUTH STOCKTON AVENUE, RIPON, CA 95366	77-0243475	501(C)(3)	271,245	0			HIV/ AIDS PREVENTION
(158) KOE KOE TECH 111 8TH AVE, NEW YORK, NY 10011	35-2613390	501(C)(3)	17,142	0			CIVIL SOCIETY & GOVERNANCE
(159) MCFARLAND AND ASSOCIATES 17208 DOCTOR BIRD ROAD, SUITE 100, SANDY SPRING, MD 20860	52-1677750		157,597	0			PUBLIC HEALTH PROGRAM
(160) DEXIS CONSULTING GROUP 1412 I ST NW, WASHINGTON, DC 20005	54-2035713		49,251	0			INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
(161) UNITED PLANET 361 NEWBURY ST, 1, BOSTON, MA 02115	04-3582778	501(C)(3)	31,706	0			ENGLISH LANGUAGE
(162) AID UPSTATE PO BOX 105, GREENVILLE, SC 29602	57-0848637	501(C)(3)	137,982	0			HIV/ AIDS PREVENTION
(163) THE NORMAL ANOMALY INITIA 10039 BISSONNET ST, SUITE 107, HOUSTON, TX 77036	86-3819643	501(C)(3)	278,106	0			HIV/ AIDS PREVENTION
(164) CENTRAL ALABAMA ALLIANCE 120 HILL RIDGE DRIVE, WETUMPKA, AL 36092	27-2914021	501(C)(3)	212,506	0			HIV/ AIDS PREVENTION

(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
(165) AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE, AZUSA, CA 91702	95-1744369	501(C)(3)	44,033	0			ENGLISH LANGUAGE
(166) CLINTON HEALTH ACCESS INI 383 DORCHESTER AVE. SUITE 400, BOSTON, MA 02127	27-1414646	501(C)(3)	250,054	0			GLOBAL HEALTH
(167) GCCS 1012 14TH ST. NW, SUITE 915, WASHINGTON, DC 20005	47-4057264	501(C)(3)	11,302	0			INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
(168) MEDICAL ADVOCACY AND OUTR 2900 MCGEHEE ROAD, MONTGOMERY, AL 36111	63-0959628	501(C)(3)	117,000	0			HIV/ AIDS PREVENTION
(169) THE CARTER CENTER 453 JOHN LEWIS FREEDOM PKWY, ATLANTA, GA 30307	58-1454716	501(C)(3)	59,918	0			CIVIL SOCIETY & GOVERNANCE
(170) BIOHEALTH INOVATION INC 1 CHURCH STREET SUITE 801, ROCKVILLE, MD 20850	45-3824067	501(C)(3)	15,351	0			GLOBAL HEALTH
(171) DALTON FOUNDATION 1755 ENTERPRISE PARKWAY STE 400, TWINSBURG, OH 44087	26-3432969	501(C)(3)	32,467	0			HIV/ AIDS PREVENTION
(172) PARKLAND HEALTH 5200 HARRY HINES BLVD., FINANCE, DALLAS, TX 75235	75-6004221	501(C)(3)	48,500	0			HIV/ AIDS PREVENTION
(173) SOUTHERN RESEARCH INSTIT 2000 9TH AVE SOUTH, BIRMINGHAM, AL 35205	63-0288868	501(C)(3)	65,145	0			GLOBAL HEALTH
(174) ALTASCIENCES CLINICAL LA (FORMERLY WCCT GLOBAL) 5630 CERRITOS AVE, CYPRESS, CA 90630	73-1732951		6,146	0			GLOBAL HEALTH
(175) TRUSTEE OF THE UNIV OF PA P O BOX 785541, PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	50,237	0			PUBLIC HEALTH PROGRAM
(176) PPD GLOBAL CENTRAL LABS 26361 NETWORK PLACE, CHICAGO, IL 60673	45-3806478		125,414	0			GLOBAL HEALTH
(177) YALE UNIVERSITY PO BOX 1873, NEW HAVEN, CT 06508	06-0646973	501(C)(3)	171,399	0			GLOBAL HEALTH
(178) PH SCIENCE HOLDINGS INC 15022 35TH AVE W, LYNWOOD, WA 98087	91-2181922		345,708	0			GLOBAL HEALTH
(179) CLINIPACE WORLDWIDE 3800 PARAMOUNT PARKWAY, SUITE 100, MORRISVILLE, NC 27560	30-0266681		48,441	0			PUBLIC HEALTH PROGRAM
(180) GEORGIA TECH RESEARCH CRP PO BOX 100117, ATLANTA, GA 30384	58-0603146	501(C)(3)	451,890	0			GLOBAL HEALTH
(181) HEALTH DECISIONS INC 2510 MERIDIAN PARKWAY, DURHAM, NC 27713	56-1637045		258,860	0			GLOBAL HEALTH
(182) ESSENTIAL ACCESS HEALTH 3600 WILSHIRE BLVD, SUITE 600, LOS ANGELES, CA 90010	95-2564024	501(C)(3)	24,467	0			GLOBAL HEALTH
(183) MAGEE-WOMENS RESEARCH INS 339 WARD STREET, PITTSBURGH, PA 15213	25-1462312	501(C)(3)	21,313	0			GLOBAL HEALTH

(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
(184) PLANNED PARENTHOOD OF NYC 123 WILLIAM STREET, 10TH FLOOR, NEW YORK, NY 10038	13-2621497	501(C)(3)	30,243	0			GLOBAL HEALTH
(185) PLANNED PARENT LEAGUE MA 123 WILLIAM STREET, 10TH FLOOR, NEW YORK, NY 10038	04-2698497	501(C)(3)	30,151	0			GLOBAL HEALTH
(186) UNIVERSITY OF NOTRE DAME CONTROLLER'S OFFICE, 724 GRACE HALL, NOTRE DAME, IN 46556	35-0868188	501(C)(3)	120,348	0			EDUCATIONAL DEVELOPMENT
(187) CLEMSON UNIVERSITY 230 KAPPA STREET, SUITE 200, CLEMSON, SC 29634	57-6000254	GOVERNMENT	120,712	0			EDUCATIONAL DEVELOPMENT
(188) UNIVERSITY OF CINCINNATI SRS ACCOUNTING, P.O. BOX 932641, CLEVELAND, OH 44193	31-6000989	GOVERNMENT	107,911	0			EDUCATIONAL DEVELOPMENT

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	FHI 360 REQUIRES GRANTEES WITH MORE THAN $750,000 IN FEDERAL FUNDING TO SUMBIT A SINGLE AUDIT REPORT EACH YEAR. ANY FINDINGS MUST INCLUDE DETAILS OF HOW FINDINGS ARE TO BE CORRECTED. REPORTS ARE OBTAINED AS TO HOW FUNDS ARE SPENT AND VARIOUS LEVELS OF MONITORING ARE ESTABLISHED. FHI 360 MAINTAINS INTERNAL CONTROLS REGARDING ENGAGING WITH A RECIPIENT AND MONITORING HOW FUNDS ARE MANAGED CONSISTENT WITH ALL APPLICABLE REGULATORY BODIES.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PUBLIC HEALTH INSTITUTE 555 12TH STREET, 10TH FLOOR, OAKLAND, CA 94607
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNIVERSITY OF MARYLAND BA SPNSRD PRGMS ACCTG COMPLIANCE, ROOM 4101 CHESAPEAKE BUILDING, COLLEGE PARK, MD 20742
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET , BALTIMORE , MD 21201-3443
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FORUM ONE COMMUNICATIONS 15954 JACKSON CREEK PARKWAY, SUITE B 374, MONUMENT, CO 80132
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS BERMAN INST, 1809 ASHLAND AVENUE, BALTIMORE, MD 21205
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNIVERSITY OF ALABAMA AT BIRMINGHAM DIVISION OF INFECTIOUS DISEASES, 703 19TH ST SOUTH ZRB 242, BIRMINGHAM, AL 35294-0007
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CARE INC 151 ELLIS STREET, NE , ATLANTA , GA 30303-2440
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE REGENTS OF THE UC UCSD CASHIERS OFFICE, 9500 GILMAN DR MAILCODE 0009, LA JOLLA, CA 92093-0009
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SOCIAL IMPACT 2300 CLARENDON BLVD, STE 1000, ARLINGTON, VA 22201
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	TRUSTEES OF THE UNIVERSITY 3451 WALNUT ST., ROOM P-221 FRANKLIN BUILDING, PHILADELPHIA, PA 19101-6205
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FORUM ONE COMMUNICATIONS: SOCIO-ECONOMIC DEVELOPMENT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	SOCIAL IMPACT: SOCIO-ECONOMIC DEVELOPMENT

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: FAMILY HEALTH INTERNATIONAL INC

Employer identification number: 23-7413005

Part I Questions Regarding Compensation

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

- ☐ First-class or charter travel
- ☐ Travel for companions
- ☐ Tax indemnification and gross-up payments
- ☐ Discretionary spending account
- ☑ Housing allowance or residence for personal use
- ☐ Payments for business use of personal residence
- ☐ Health or social club dues or initiation fees
- ☐ Personal services (such as maid, chauffeur, chef)

			Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	✔	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	✔	

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

- ☑ Compensation committee
- ☑ Independent compensation consultant
- ☐ Form 990 of other organizations
- ☐ Written employment contract
- ☑ Compensation survey or study
- ☑ Approval by the board or compensation committee

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

			Yes	No
a	Receive a severance payment or change-of-control payment?	4a		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	✔	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔

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

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

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

			Yes	No
a	The organization?	5a		✔
b	Any related organization?	5b		✔

If "Yes" on line 5a or 5b, describe in Part III.

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

			Yes	No
a	The organization?	6a		✔
b	Any related organization?	6b		✔

If "Yes" on line 6a or 6b, describe in Part III.

			Yes	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✔
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	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MATTHEW PIETZ	(i)	155,559	3,122	207,339	18,395	7,188	391,603	0
1 PROJECT DIRECTOR II	(ii)	0	0	0	0	0	0	0
JEROME FOLLIARD-O'MAHONY	(i)	173,719	3,600	187,582	16,217	7,250	388,368	0
2 PROJECT DIRECTOR III	(ii)	0	0	0	0	0	0	0
DORIS YOUNGS	(i)	185,678	3,370	134,095	43,804	5,759	372,706	0
3 PROJECT DIRECTOR I	(ii)	0	0	0	0	0	0	0
PATRICK FINE (UNTIL 08/2021)	(i)	287,938	20,000	52,397	0	0	360,335	0
4 FORMER CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
DEBORAH KENNEDY IRAHETA	(i)	308,874	5,000	3,972	34,800	2,521	355,167	0
5 CHIEF OPERATIONS OFFICER	(ii)	0	0	0	0	0	0	0
DANIEL LEVITT	(i)	156,115	1,600	168,030	15,840	7,198	348,783	0
6 PROJECT DIRECTOR I	(ii)	0	0	0	0	0	0	0
RASIKA PADMAPERUMA	(i)	279,588	5,000	966	34,800	22,403	342,757	0
7 CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
KATHY STROKER	(i)	256,966	4,000	630	51,750	22,063	335,409	0
8 GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
JACQUELINE MCPHERSON	(i)	234,689	0	50,667	34,517	7,401	327,274	0
9 REGIONAL DIRECTOR	(ii)	0	0	0	0	0	0	0
NAEL SHABARO	(i)	175,879	3,993	121,862	16,395	7,257	325,386	0
10 PORTFOLIO DIRECTOR I	(ii)	0	0	0	0	0	0	0
TIMOTHY MASTRO	(i)	240,056	7,500	6,534	68,681	1,073	323,844	0
11 CHIEF SCIENCE OFFICER	(ii)	0	0	0	0	0	0	0
NZAPFURUNDI CHABIKULI	(i)	241,463	2,500	966	49,639	21,040	315,608	0
12 DIR. OF GLOBAL HLTH, POPUL	(ii)	0	0	0	0	0	0	0
LAURA KAYSER	(i)	267,327	4,200	2,972	33,084	7,649	315,232	0
13 DEPUTY COO	(ii)	0	0	0	0	0	0	0
SEAN TEMEEMI	(i)	252,855	4,000	1,936	31,665	22,632	313,088	0
14 CHIEF COMPLIANCE OFFICER	(ii)	0	0	0	0	0	0	0
LANETA DORFLINGER	(i)	234,269	7,223	6,449	49,260	14,602	311,803	0
15 SCIENTIST	(ii)	0	0	0	0	0	0	0
(SEE STATEMENT)	(i)							
16	(ii)							

Part II	Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
(16) PAMELA MYERS (UNTIL 12/2022) CHIEF HUMAN RESOURCE OFFI	(i)	244,279	4,000	1,806	31,515	20,361	301,961	0
	(ii)	0	0	0	0	0	0	0
(17) WELLINGTON PAK DIRECTOR, BUSINESS STRATEG	(i)	226,817	1,600	630	25,550	20,942	275,539	0
	(ii)	0	0	0	0	0	0	0
(18) NADRA FRANKLIN DIRECTOR OF SOCIAL AND ECO	(i)	227,447	1,500	1,806	28,284	14,573	273,610	0
	(ii)	0	0	0	0	0	0	0
(19) ALETA WILLIAMS DIR., BUSINESS DVLP & DIVE	(i)	214,515	1,600	12,932	28,229	14,543	271,819	0
	(ii)	0	0	0	0	0	0	0
(20) LEILA ABU-GHEIDA REGIONAL DIRECTOR	(i)	227,026	0	1,806	27,881	14,566	271,279	0
	(ii)	0	0	0	0	0	0	0
(21) MICHAEL MAZZA DIRECTOR, INFORMATION SOLU	(i)	214,169	0	6,614	45,756	1,234	267,773	0
	(ii)	0	0	0	0	0	0	0
(22) RICARDO MICHEL MANAGING DIRECTOR	(i)	202,153	1,500	13,134	25,627	18,679	261,093	0
	(ii)	0	0	0	0	0	0	0

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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	EXPAT STAFF WHO ARE EMPLOYED OUTSIDE OF THE UNITED STATES HAVE LOCAL HOUSING COSTS PAID BY FHI 360 AND ARE ELIGIBLE FOR POST ALLOWANCE AND POST DIFFERENTIAL PAY AND DEPENDENT EDUCATION REIMBURSEMENT.
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	FHI 360'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS THE COMPENSATION COMMITTEE AND SETS THE CEO'S COMPENSATION BASED ON PERFORMANCE REVIEW AND COMPARABILITY DATA FOR BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS. FURTHER DETAILS OF THE COMMITTEE'S ACTIVITIES ARE RECORDED AS FHI 360'S RESPONSE TO FORM 990, PART VI, LINE 15B.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	A 457(B) VOLUNTARY SALARY DEFERRAL PLAN IS MADE AVAILABLE TO THE EXTENT ALLOWED BY INTERNAL REVENUE SERVICE REGULATIONS.

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of Treasury Internal Revenue Service	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. ▸ Go to www.irs.gov/Form990 for the latest information.	2021 Open to Public Inspection

Name of the Organization	Employer Identification Number
FAMILY HEALTH INTERNATIONAL INC	23-7413005

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $76,949,832 INCLUDING GRANTS OF $32,803,862)(REVENUE $7,533,485) EDUCATION - FHI360'S EXPERTS USE INNOVATIVE METHODS TO IMPROVE TEACHING AND LEARNING IN THE U.S. AND AROUND THE WORLD. PROGRAMS ADVANCE EDUCATIONAL ACCESS AND PROMOTE FULL PARTICIPATION FORGIRLS, NEW IMMIGRANTS, MIGRANTS, MINORITIES AND THOSE WITH DISABILITIES. ACTIVITIES FACILITATE DECISION MAKING BY PROVIDING RESEARCH, EVALUATION, DATA ANALYSIS AND TECHNICAL RESOURCES GLOBALLY. FHI360 ALSO WORKS TO STRENGTHEN EDUCATION IN FRAGILE STATES AND SUPPORT REFORM OF POLICIES AND SYSTEMS.
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES	BM, BY, CB, CM, CD, CH, CO, CG, IV, DJ, DR, EG, ES, ET, GH, GT, GV, HA, HO, IN, ID, JM, JO, KZ, KE, KG, LA, LE, LT, LI, LH, MA, MI, ML, MR, MX, MO, MZ, NP, NI, PP, RP, RW, SG, SF, OD, WZ, TI, TZ, TH, TO, TS, UG, UP, VM, YM, ZA, ZI
FORM 990, PART VI, LINE 1A - MATERIAL DIFFERENCES IN VOTING RIGHTS	TESSIE SAN MARTIN, LISTED AS A DIRECTOR ON PART VII, IS A NON-VOTING BOARD MEMBER AND IS NOT INCLUDED IN THE TOTAL FOR PART VI, LINE 1A.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM, ERNST & YOUNG LLP. THE FORM 990 GETS A FINAL REVIEW BY MANAGEMENT. THE FORM 990 IS SHARED WITH THE BOARD AND COPIES ARE MADE AVAILABLE FOR REVIEW.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION'S POLICY 02004 "CONFLICTS OF INTEREST", ADOPTED BY THE RESOLUTION OF THE BOARD OF DIRECTORS, IS APPLICABLE TO EACH BOARD MEMBER AND TO EACH OF THE ORGANIZATION'S EMPLOYEES. A DISCLOSURE FORM IS COMPLETED BY EVERY BOARD MEMBER AT THE TIME OF APPOINTMENT AND BY EVERY EMPLOYEE AT THE INITIATION OF EMPLOYMENT. STATEMENTS COMPLETED BY BOARD MEMBERS ARE FILED WITH THE BOARD CHAIR AND THE BOARD CHAIR'S STATEMENT IS FILED WITH THE VICE CHAIR OF THE BOARD. STATEMENTS BY U.S. EMPLOYEES ARE FILED WITH THE HUMAN RESOURCES DEPARTMENT. STATEMENTS BY NON-U.S. BASED EMPLOYEES ARE FILED WITH THE RELATED COUNTRY DIRECTOR AND HR OFFICE. THE POLICY REQUIRES DISCLOSURE ON AN ONGOING BASIS OF ANY CONFLICTS AS THEY ARISE. ADDITIONALLY, EACH YEAR THE CORPORATION'S ASSISTANT SECRETARY OBTAINS A DISCLOSURE STATEMENT FROM EACH BOARD MEMBER FOR FILING WITH THE BOARD CHAIR. DISCLOSURE STATEMENTS ARE OBTAINED ANNUALLY FROM ALL EMPLOYEES AT THE LEVEL OF DIRECTOR AND ABOVE WHICH ARE FILED WITH AND REVIEWED BY THE CHIEF COMPLIANCE OFFICER. THE ORGANIZATION'S CODE OF ETHICS AND CONDUCT, WHICH REFERENCES AND SUMMARIZES THE CONFLICTS OF INTEREST POLICY AND OTHER EXPECTATIONS REGARDING CONDUCT, AND ETHICAL STANDARDS, IS PROVIDED TO EACH BOARD MEMBER UPON APPOINTMENT AND TO EACH EMPLOYEE UPON EMPLOYMENT. EACH MEMBER AND/OR EMPLOYEE SIGNS A STATEMENT THAT HE OR SHE HAS REVIEWED AND AGREES WITH THE CODE OF ETHICS AND CONDUCT.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE ORGANIZATION'S BYLAWS PROVIDE THAT VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL SERVE AS THE ORGANIZATION'S CORPORATE OFFICER COMPENSATION COMMITTEE TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S PRINCIPAL OFFICERS. THE COMMITTEE IS INDEPENDENT OF THE COMPENSATED OFFICERS. ON AN ANNUAL BASIS, THE COMMITTEE ENGAGES THE SERVICES OF A COMPENSATION CONSULTING FIRM WHICH OBTAINS COMPARABILITY DATA FOR THE CORPORATE OFFICER POSITIONS, AND DEVELOPS AN ANALYSIS AND RECOMMENDATION ARISING FROM THE DATA. IN ADDITION TO THE COMPENSATION CONSULTANT'S RECOMMENDATIONS, FOR EACH POSITION (EXCEPT THAT OF THE CEO), THE COMMITTEE REVIEWS THE CEO'S RECOMMENDATIONS AND ASSESSMENTS OF INDIVIDUAL PERFORMANCE DURING THE PRIOR YEAR. THEN, WITHOUT THE PRESENCE OF THE CEO, THE COMMITTEE MEETS TO (1) EVALUATE THE CEO'S PERFORMANCE DURING THE PRIOR YEAR; (2) CONSIDER THE CEO'S ASSESSMENT OF CORPORATE OFFICERS' PERFORMANCE AND RELATED RECOMMENDATIONS; (3) REVIEW THE RELEVANT COMPARABILITY DATA AND RECOMMENDATIONS PRESENTED BY THE COMPENSATION CONSULTING FIRM; (4) ESTABLISH OFFICER COMPENSATION LEVELS FOR THE COMING YEAR; AND (5) DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE ORGANIZATION'S BYLAWS PROVIDE THAT THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL SERVE AS THE ORGANIZATION'S CORPORATE OFFICER COMPENSATION COMMITTEE TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S PRINCIPAL OFFICERS. THE COMMITTEE IS INDEPENDENT OF THE COMPENSATED OFFICERS. ON AN ANNUAL BASIS, THE COMMITTEE ENGAGES THE SERVICES OF A COMPENSATION CONSULTING FIRM WHICH OBTAINS COMPARABILITY DATA FOR THE CORPORATE OFFICER POSITIONS, AND DEVELOPS AN ANALYSIS AND RECOMMENDATION ARISING FROM THE DATA. IN ADDITION TO THE COMPENSATION CONSULTANT'S RECOMMENDATIONS, FOR EACH POSITION (EXCEPT THAT OF THE CEO) THE COMMITTEE REVIEWS THE CEO'S RECOMMENDATIONS AND ASSESSMENTS OF INDIVIDUAL PERFORMANCE DURING THE PRIOR YEAR. THEN, WITHOUT THE PRESENCE OF THE CEO, THE COMMITTEE MEETS TO (1) EVALUATE THE CEO'S PERFORMANCE DURING THE PRIOR YEAR; (2) CONSIDER THE CEO'S ASSESSMENT OF CORPORATE OFFICERS' PERFORMANCE AND RELATED RECOMMENDATIONS; (3) REVIEW THE RELEVANT COMPARABILITY DATA AND RECOMMENDATIONS PRESENTED BY THE COMPENSATION CONSULTING FIRM; (4) ESTABLISH OFFICER COMPENSATION LEVELS FOR THE COMING YEAR; AND (5) DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	FHI 360'S ORGANIZATIONAL CHARTER IS AVAILABLE THROUGH THE WEBSITE OF THE NORTH CAROLINA SECRETARY OF STATE. FHI 360'S AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FHI 360 WEBSITE AND ARE AVAILABLE TO THE PUBLIC. FHI 360'S FORM 990 AND CONFLICTS OF INTEREST POLICY ARE MADE AVAIALBLE UPON REQUEST.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	**(a)** Description: INTERCOMPANY ELIMINATIONS AND ADJUSTMENTS; **(b)** Amount: 62,608,276

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization: FAMILY HEALTH INTERNATIONAL INC

Employer identification number: 23-7413005

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FHI SOLUTIONS LLC (45-2462813) 359 BLACKWELL STREET, DURHAM, NC 27701	NUTRITION	NC	19,637,439	19,195,962	FHI 360
(2) FHI PARTNERS LLC (82-5145951) 359 BLACKWELL STREET, DURHAM, NC 27701	HEALTH, EDUCATION	NC	20,763,731	34,882,902	FHI 360
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) FAMILY HEALTH INTERNATIONAL FOUNDATION (56-1719871) 359 BLACKWELL STREET, DURHAM, NC 27701	SUPPORT FHI 360	NC	501(C)(3)	12 TYPE I	FHI 360	✔	
(2) FHI DISASTER RELIEF FUND (45-3735754) 359 BLACKWELL STREET, 200, DURHAM, NC 27701	DISASTER RELIEF	NC	501(C)(3)	7	FHI 360	✔	
(3) FAMILY HEALTH INDIA H-5 GROUND FLOOR, GREEN PARK E, NEW DELHI, 110016, IN	LOCAL HEALTH	INDIA			FHI 360	✔	
(4) FAMILY HEALTH INTERNATIONAL (FHI 360) / KENYA LAND REF. NO. 209/290/4/1, 2RD FLOOR, WING C, NAIROBI, KE	LOCAL HEALTH	KENYA			FHI 360	✔	
(5) FAMILY HEALTH INTERNATIONAL 4 BOWKER ROAD, ALLIANCE PARK, SITE 12594-038, MASERU, LT	LOCAL HEALTH	LESOTHO			FHI 360	✔	
(6) FAMILY HEALTH INTERNATIONAL NIGERIA GODAB PLAZA, PLOT 1073, A-1, J.S. T, GARKI, AREA 3, ABUJA, NI	LOCAL HEALTH	NIGERIA			FHI 360	✔	
(7) (SEE STATEMENT)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		✔
b Gift, grant, or capital contribution to related organization(s)	**1b**	✔	
c Gift, grant, or capital contribution from related organization(s)	**1c**	✔	
d Loans or loan guarantees to or for related organization(s)	**1d**		✔
e Loans or loan guarantees by related organization(s)	**1e**		✔
f Dividends from related organization(s)	**1f**		✔
g Sale of assets to related organization(s)	**1g**		✔
h Purchase of assets from related organization(s)	**1h**		✔
i Exchange of assets with related organization(s)	**1i**		✔
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**	✔	
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		✔
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		✔
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		✔
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		✔
o Sharing of paid employees with related organization(s)	**1o**	✔	
p Reimbursement paid to related organization(s) for expenses	**1p**	✔	
q Reimbursement paid by related organization(s) for expenses	**1q**	✔	
r Other transfer of cash or property to related organization(s)	**1r**		✔
s Other transfer of cash or property from related organization(s)	**1s**		✔

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a—s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)	FHI VENTURES	B	470,000	FMV
(2)	FHI CLINICAL	B	4,000,000	FMV
(3)	FHI UK	B	502,483	FMV
(4)	FHI FOUNDATION	C	7,000,000	FMV
(5)	FHI CLINICAL	J	123,983	FMV
(6)	(SEE STATEMENT)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part II **Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	**(b)** Primary Activity	**(c)** Legal domicile (state or foreign country)	**(d)** Exempt Code section	**(e)** Public charity status (if section 501(c)(3))	**(f)** Direct controlling entity	**(g)** Section 512(b)(13) controlled entity? Yes	No
(7) FHI 360 PNG TRUST ALLOTMENT 12, SECTION 531, SOUTH WING, 1ST FLOOR, WOKPLES @SAV, PORT MORESBY, PP	LOCAL HEALTH	PAPUA-NEW GUINEA			FHI 360	✓	
(8) FAMILY HEALTH INTERNATIONAL SOUTH AFRICA NPC 333 GROSVENOR STREET, HATFIELD GARDENS, BLOCK B, HATFIELD, PRETORIA 0083, SF	LOCAL HEALTH	SOUTH AFRICA			FHI 360	✓	
(9) FHI 360 TRUST 65 WHITWELL ROAD, BORROWDALE WEST, HARARE, ZI	LOCAL HEALTH	ZIMBABWE			FHI 360	✓	
(10) BEHAVIORS FIRST FOUNDATION CENTRAL DELHI, DELHI, IN	LOCAL HEALTH	INDIA			FHI 360	✓	
(11) FHI 360 EGYPT LLC 957 CORNICHE EL NILE STREET, ZAHRAT EL NILE TOWER, MISR EL-QADIM, CAIRO, EG	INACTIVE	EGYPT			FHI 360	✓	
(12) FAMILY HEALTH INTERNATIONAL (FHI 360) POLAND FOUNDATION UL. TOWAROWA 28, 00-839, WARSAW, PL	INACTIVE	POLAND			FHI 360	✓	
(13) FAMILY HEALTH INTERNATIONAL 11 ALBION CORNER, DERE & ALBION STREETS, PORT OF SPAIN, TD	INACTIVE	TRINIDAD AND TOBAGO			FHI 360	✓	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
(1) FHI VENTURES, INC (82-3688587) 359 BLACKWELL STREET, SUITE 200, DURHAM, NC 22701	IMPACT INVESTING	NC	FHI 360	C CORPORATION	(1,830)	466,457	100%	✓	
(2) FHI CLINICAL, INC (83-2853562) 359 BLACKWELL STREET, DURHAM, NC 22701	CLINICAL RESEARCH	DE	FHI 360	C CORPORATION	48,062,113	18,012,949	100%	✓	
(3) KONUNG INTERNATIONAL 3 MORE LONDON, RIVERSIDE, LONDON, SE1 2RE, AE	SUSTAINABLE GOVERNANCE	UNITED ARAB EMIRATES	FHI 360	C CORPORATION	1,739,993	568,708	100%	✓	

Part V Transactions with Related Organizations (continued)

(a) Name of other organization	**(b)** Transaction type (a-s)	**(c)** Amount Involved	**(d)** Method of determining amount involved
(6) FHI CLINICAL	O	1,052,822	FMV
(7) FHI UK	O	108,760	FMV
(8) FHI VENTURES	O	51,293	FMV
(9) FHI CLINICAL	P	449,290	FMV
(10) FHI UK	P	640,225	FMV
(11) FHI VENTURES	Q	64,495	FMV
(12) FHI CLINIAL	Q	5,226,158	FMV
(13) FHI UK	Q	229,981	FMV