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.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 10/01 , 2024, and ending 09/30 , 20 25

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 $ 539,669,798

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.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: FHI360.ORG

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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1,578
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

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	718,108,632	483,885,117
9	Program service revenue (Part VIII, line 2g)	76,050,325	50,059,485
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,831,148	5,633,554
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(22,695)	30,549
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	799,967,410	539,608,705

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	257,540,745	156,125,595
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	222,086,625	163,035,504
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)	316,211,942	198,733,478
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	795,839,312	517,894,577
19	Revenue less expenses. Subtract line 18 from line 12	4,128,098	21,714,128

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	348,297,196	348,226,368
21	Total liabilities (Part X, line 26)	213,484,911	191,699,955
22	Net assets or fund balances. Subtract line 21 from line 20	134,812,285	156,526,413

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
CAL HOKE				P02439745

Firm's name ERNST & YOUNG US LLP — Firm's EIN 34-6565596

Firm's address 4131 PARKLAKE AVENUE, RALEIGH, NC 27612 — Phone no. (919) 981-2800

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2024)

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 $ 194,811,364 including grants of $ 73,238,517) (Revenue $ 23,482,904)

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.

4b (Code:) (Expenses $ 83,597,373 including grants of $ 31,428,082) (Revenue $ 10,076,974)

SOCIAL, ENVIRONMENTAL, AND ECONOMIC DEVELOPMENT - FHI 360 PARTNERS WITH COMMUNITIES TO IMPROVE EDUCATIONAL, SOCIAL, ENVIRONMENTAL, AND ECONOMIC OUTCOMES. WE SUPPORT YOUTH DEVELOPMENT, WORKFORCE READINESS, COMMUNITY RESILIENCE, SUSTAINABLE MANAGEMENT OF NATURAL RESOURCES, AND AGRICULTURAL PRODUCTIVITY. OUR ECONOMIC DEVELOPMENT PROGRAMS FOSTER ENTREPRENEURSHIP, FINANCIAL INCLUSION, AND SMALL BUSINESS GROWTH, HELPING INDIVIDUALS, FAMILIES, AND COMMUNITIES STRENGTHEN THEIR LIVELIHOODS AND EXPAND OPPORTUNITIES FOR LONG-TERM PROSPERITY.

4c (Code:) (Expenses $ 63,497,458 including grants of $ 23,871,603) (Revenue $ 7,654,095)

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.

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

(Expenses $ 73,381,299 including grants of $ 27,587,393) (Revenue $ 8,845,512)

4e Total program service expenses 415,287,494

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 noncash 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	450		
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	1,578		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✔	
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? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✔
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

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

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	9		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	9		
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, 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANA TERESA GUTIERREZ-SAN MARTIN	40.0									
CHIEF EXECUTIVE OFFICER	0.0	✔		✔				669,705	0	43,286
(2) DEBORAH KENNEDY IRAHETA	40.0									
CHIEF OPERATIONS OFFICER	0.0			✔				420,126	0	66,766
(3) RASIKA PADMAPERUMA	40.0									
CHIEF FINANCIAL OFFICER	0.0			✔				358,366	0	66,621
(4) KATHY STROKER	40.0									
GENERAL COUNSEL	0.0			✔				315,575	0	86,913
(5) USEETHA RHODES	40.0									
CHIEF PEOPLE OFFICER	0.0			✔				300,466	0	62,584
(6) DORIS YOUNGS	40.0									
PROJECT DIRECTOR I	0.0					✔		303,903	0	55,691
(7) HAYLEY BRYANT	40.0									
CHIEF OF PARTY	0.0					✔		325,534	0	29,047
(8) SEAN TEMEEMI	40.0									
CHIEF COMPLIANCE OFFICER	0.0			✔				293,254	0	61,194
(9) ANNETTE BROWN	40.0									
CHIEF STRATEGY AND EVIDENCE OFFICER (TERM ENDED 05/02/2025)	0.0				✔			299,815	0	54,118
(10) JACQUELINE MCPHERSON	40.0									
SVP, STRATEGIC GROWTH	0.0				✔			306,846	0	42,443
(11) AMY WEISSMAN	40.0									
SENIOR DIRECTOR, GLOBAL TECH	0.0				✔			277,865	0	63,099
(12) DESIREE PIPKINS	40.0									
CHIEF IMPACT OFFICER	0.0				✔			300,097	0	37,105
(13) ANTHONY BONDURANT	40.0									
DIRECTOR, BUSINESS DEVELOPMENT	0.0				✔			273,011	0	62,223
(14) NZAPFURUNDI CHABIKULI	40.0									
VP, REGIONAL PROGRAMS	0.0					✔		258,811	0	74,742

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LAURA KAYSER	40.0									
DEPUTY COO	0.0				✔			285,927	0	43,868
(16) LANETA DORFLINGER	40.0									
PORTFOLIO DIRECTOR II	0.0				✔			265,820	0	63,882
(17) EDWARD CHAPPY	40.0									
TECHNICAL ADVISOR III	0.0					✔		297,673	0	26,965
(18) CHRISTIAN PITTER	40.0									
BUSINESS UNIT DIRECTOR II	0.0				✔			287,794	0	34,715
(19) STEPHEN MILLS	40.0									
PORTFOLIO DIRECTOR I	0.0					✔		284,073	0	32,300
(20) SCOTT ARONSON	40.0									
PROJECT DIRECTOR I	0.0				✔			278,091	0	27,629
(21) PETER OYLOE	40.0									
PORTFOLIO DIRECTOR I	0.0				✔			274,692	0	28,354
(22) NADRA FRANKLIN	40.0									
FORMER KEY EMPLOYEE	0.0						✔	252,670	0	48,676
(23) HOWELL WECHSLER	40.0									
BUSINESS UNIT DIRECTOR I	0.0				✔			252,087	0	48,487
(24) LEILA ABU-GHEIDA	40.0									
FORMER KEY EMPLOYEE	0.0						✔	243,848	0	47,198
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								7,426,049	0	1,207,906
c Total from continuation sheets to Part VII, Section A								674,155	0	84,953
d Total (add lines 1b and 1c)								8,100,204	0	1,292,859

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 666

			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
TBH CONSULTING LLC, 615 S. COLLEGE STREET FL-9, CHARLOTTE, NC 28202	EPS CONSULTANT- US	713,142
ENDURANCE LEARNING LLC, 4739 UNIVERSITY WAY NE, SEATTLE, WA 98105	INSTRUCTIONAL DESIGN	369,865
FOR ALL HUMANS, 1604 WEST BERWYN AVE #GDN, CHICAGO, IL 60640	MULTI LINGUAL CONTENT CREATION	241,000
DONATTI TRANSLATION AND INTERPRETING, 280 MADISON AVE, NEW YORK, NY 10016	TECHNICAL SERVICES	181,506
CATENA ENGAGEMENTS LLC, 23218 CANYON TERRACE DRIVE, CASTRO VALLEY, CA 94552	SOCIAL MARKETING&COMMUNICATION	159,074

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 12

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	17,000,000				
	e	Government grants (contributions)	1e	406,253,150				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	60,631,967				
	g	Noncash contributions included in lines 1a–1f	1g	$ 0				
	h	**Total.** Add lines 1a–1f			483,885,117			
Program Service Revenue			Business Code					
	2a	AGENCY FOR INTERNATIONAL DEVELOPMENT	541700		16,421,586	16,421,586		
	b	DEPARTMENT OF HEALTH & HUMAN SERVICES	541700		15,261,427	15,261,427		
	c	GE FOUNDATION	541700		5,994,716	5,994,716		
	d	THE GATES FOUNDATION	541700		3,774,991	3,774,991		
	e	MILLENNIUM CHALLENGE CORP	541700		1,166,261	1,166,261		
	f	All other program service revenue	541700		7,440,504	7,440,504	0	0
	g	**Total.** Add lines 2a–2f			50,059,485			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			5,694,647			5,694,647
	4	Income from investment of tax-exempt bond proceeds			0			0
	5	Royalties			30,549			30,549
				(i) Real / (ii) Personal				
	6a	Gross rents	6a	0 / 0				
	b	Less: rental expenses	6b	0 / 0				
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)			0	0	0	0
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	0				
	b	Less: cost or other basis and sales expenses	7b	0 / 61,093				
	c	Gain or (loss)	7c	0 / (61,093)				
	d	Net gain or (loss)			(61,093)	0	0	(61,093)
	8a	Gross income from fundraising events (not including $ ____ 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							
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions			539,608,705	50,059,485	0	5,664,103

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	72,220,930	72,220,930		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	83,904,665	83,904,665		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,518,998	2,203,284	3,315,714	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)	117,875		117,875	
7 Other salaries and wages	117,231,634	61,513,376	55,718,258	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,266,188	6,631,243	1,634,945	0
9 Other employee benefits	23,148,226	18,569,806	4,578,420	0
10 Payroll taxes	8,752,583	7,021,435	1,731,148	0
11 Fees for services (nonemployees):				
a Management				
b Legal	809,572	417,088	392,484	0
c Accounting	1,558,047	399,824	1,158,223	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	23,540,040	18,702,150	4,837,890	0
12 Advertising and promotion	46,360	39,063	7,297	0
13 Office expenses	13,598,819	10,636,491	2,962,328	0
14 Information technology	7,346,626	2,033,678	5,312,948	0
15 Royalties				
16 Occupancy	14,615,702	7,991,982	6,623,720	0
17 Travel	13,245,100	11,856,747	1,388,353	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,525,488	11,364,581	160,907	0
20 Interest	134,366	0	134,366	0
21 Payments to affiliates	230,121	20,142	209,979	0
22 Depreciation, depletion, and amortization	1,269,676	0	1,269,676	0
23 Insurance	1,321,758	151,829	1,169,929	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 11g expenses on Schedule O.)				
a FIELD OFFICE EXPENSES	76,547,946	70,435,957	6,111,989	0
b PARTICIPANT AND OTHER PASS-THROUGH EXPENSES	20,323,623	20,323,623	0	0
c EQUIPMENT	3,170,521	3,112,949	57,572	0
d PHARMACEUTICALS	1,713,337	1,713,337	0	0
e All other expenses	7,736,376	4,023,314	3,713,062	0
25 **Total functional expenses.** Add lines 1 through 24e	517,894,577	415,287,494	102,607,083	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		78,383,020	1	148,896,526
	2	Savings and temporary cash investments		62,057,907	2	11,299,683
	3	Pledges and grants receivable, net		1,250,000	3	1,750,000
	4	Accounts receivable, net		103,161,998	4	87,103,202
	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		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		10,152,690	9	5,781,775
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,804,320			
	b	Less: accumulated depreciation	10b 15,267,408	8,853,645	10c	7,536,912
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		16,322,639	12	17,043,589
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		68,115,297	15	68,814,681
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		348,297,196	16	348,226,368
Liabilities	17	Accounts payable and accrued expenses		99,208,132	17	69,115,176
	18	Grants payable		0	18	0
	19	Deferred revenue		53,685,220	19	72,323,471
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to 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	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		60,591,559	25	50,261,308
	26	**Total liabilities.** Add lines 17 through 25		213,484,911	26	191,699,955
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		134,812,285	27	156,526,413
	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		134,812,285	32	156,526,413
	33	Total liabilities and net assets/fund balances		348,297,196	33	348,226,368

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	539,608,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	517,894,577
3	Revenue less expenses. Subtract line 2 from line 1	3	21,714,128
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	134,812,285
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	156,526,413

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	✔	

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) JUAN CARLOS BAUTISTA DIRECTOR, STRATEGIC FINANCE	40.0 0.0				✓			210,639	0	51,799
(26) CHRISTINE NYIRJESY BRAGALE FORMER KEY EMPLOYEE	40.0 0.0						✓	208,121	0	25,668
(27) MICHAEL MAZZA FORMER KEY EMPLOYEE	0.0 0.0						✓	175,037	0	7,486
(28) CARLOS TORRES CHAIRMAN	2.0 0.0	✓						14,810	0	0
(29) SUSAN YASHAR BOARD MEMBER	2.0 0.0	✓						11,775	0	0
(30) SHEILA LEATHERMAN BOARD MEMBER	2.0 0.0	✓						10,990	0	0
(31) DEBREWORK ZEWDIE BOARD MEMBER	2.0 0.0	✓						8,635	0	0
(32) GEREMIE SAWADOGO BOARD MEMBER	2.0 0.0	✓						8,635	0	0
(33) PENNY ABEYWARDENA BOARD MEMBER	2.0 0.0	✓						8,635	0	0
(34) SCOTT WU BOARD MEMBER	2.0 0.0	✓						8,635	0	0
(35) GREGORY M. GUNN BOARD MEMBER	2.0 0.0	✓						8,243	0	0
(36) SARAH BURCH BOARD MEMBER	2.0 0.0	✓						0	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

2024

Open to Public Inspection

Name of the organization	Employer identification number
FAMILY HEALTH INTERNATIONAL INC	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	(iv) 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	688,624,181	764,232,216	768,119,591	718,108,632	483,885,117	3,422,969,737
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	76,152,152	70,558,515	65,084,692	76,050,325	50,059,485	337,905,169
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	764,776,333	834,790,731	833,204,283	794,158,957	533,944,602	3,760,874,906
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	51,159,391	40,523,161	36,281,277	36,195,772	20,889,617	185,049,218
c Add lines 7a and 7b	51,159,391	40,523,161	36,281,277	36,195,772	20,889,617	185,049,218
8 **Public support.** (Subtract line 7c from line 6.)						3,575,825,688

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	764,776,333	834,790,731	833,204,283	794,158,957	533,944,602	3,760,874,906
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(227,446)	144,955	4,074,005	5,956,247	5,725,196	15,672,957
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	(227,446)	144,955	4,074,005	5,956,247	5,725,196	15,672,957
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.)	282,619	0	0	0	0	282,619
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	764,831,506	834,935,686	837,278,288	800,115,204	539,669,798	3,776,830,482

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 2024 (line 8, column (f), divided by line 13, column (f))	15	94.68 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	93.52 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	0.00 %

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☑

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
(1)	282,619					282,619

Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
FAMILY HEALTH INTERNATIONAL INC

Employer identification number
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: FAMILY HEALTH INTERNATIONAL INC

Employer identification number: 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		$ 312,468,349	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 42,853,304	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 40,093,373	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 14,283,196	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 12,502,554	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 11,079,517	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: FAMILY HEALTH INTERNATIONAL INC

Employer identification number: 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 C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	26,518	
c	Total lobbying expenditures (add lines 1a and 1b)	26,518	
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)	26,518	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	5,304	
g	Grassroots nontaxable amount (enter 25% of line 1f)	1,326	
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-	21,214	

IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	0	507	4,943	5,304	10,753
b Lobbying ceiling amount (150% of line 2a, column (e))					16,130
c Total lobbying expenditures	0	2,534	24,715	26,518	53,767
d Grassroots nontaxable amount	0	127	1,236	1,326	2,688
e Grassroots ceiling amount (150% of line 2d, column (e))					4,033
f Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

Part IV **Supplemental Information**

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-A, LINE 1B, COLUMN (A) - LABOR	LABOR EXPENSE ASSOCIATED WITH ESTABLISHMENT OF LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)
(Rev. January 2025)

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

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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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		8,983,453	2,452,162	6,531,291
d Equipment		13,598,822	12,815,246	783,576
e Other		222,045	0	222,045
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				7,536,912

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, line 12, col. (B))*		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE LEASES, NET	31,370,559
(2) INVESTMENT IN SUBSIDIARIES	37,449,752
(3) 457(B) DEFERRED COMPENSATION PLAN ASSETS	30
(4) OTHER ASSETS	(5,660)
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	68,814,681

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) RIGHT-OF-USE LEASES	50,207,417
(3) 457(B) DEFERRED COMP PLAN LIABILITY	30
(4) OTHER LIABILITIES	53,861
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	50,261,308

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 (THE 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.

SCHEDULE F (Form 990)
(Rev. January 2025)

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

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	6	55	GRANTMAKING		12,457,546
(2)	EAST ASIA AND THE PACIFIC	18	316	GRANTMAKING		48,416,095
(3)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	5	GRANTMAKING		2,703,017
(4)	MIDDLE EAST AND NORTH AFRICA	2	2	GRANTMAKING		23,889,528
(5)	NORTH AMERICA (CANADA & MEXICO ONLY)	1	1	GRANTMAKING		2,832,418
(6)	RUSSIA AND NEIGHBORING STATES	14	182	GRANTMAKING		25,043,592
(7)	SOUTH AMERICA	0	0	GRANTMAKING		2,404,761
(8)	SOUTH ASIA	5	64	GRANTMAKING		17,691,160
(9)	SUB-SAHARAN AFRICA	76	978	GRANTMAKING		187,653,336
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	122	1,603			323,091,453
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	122	1,603			323,091,453

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	332,796	WIRE TRANSFER			
(2)			CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL HEALTH	3,267,123	WIRE TRANSFER			
(3)			CENTRAL AMERICA AND THE CARIBBEAN	SOCIO-ECONOMIC	22,353	WIRE TRANSFER			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL EDUCATION	1,721,427	WIRE TRANSFER			
(5)			EAST ASIA AND THE PACIFIC	HIV/AIDS	4,031,477	WIRE TRANSFER			
(6)			EAST ASIA AND THE PACIFIC	GLOBAL HEALTH	4,967,351	WIRE TRANSFER			
(7)			EAST ASIA AND THE PACIFIC	SOCIO-ECONOMIC	426,412	WIRE TRANSFER			
(8)			EAST ASIA AND THE PACIFIC	GLOBAL EDUCATION	770,990	WIRE TRANSFER			
(9)			EUROPE (INCLUDING ICELAND AND GREENLAND)	HIV/AIDS	136,309	WIRE TRANSFER			
(10)			EUROPE (INCLUDING ICELAND AND GREENLAND)	GLOBAL HEALTH	830,667	WIRE TRANSFER			
(11)			EUROPE (INCLUDING ICELAND AND GREENLAND)	SOCIO-ECONOMIC	1,056,239	WIRE TRANSFER			
(12)			EUROPE (INCLUDING ICELAND AND GREENLAND)	GLOBAL EDUCATION	165,500	WIRE TRANSFER			
(13)			MIDDLE EAST AND NORTH AFRICA	HIV/AIDS	197,972	WIRE TRANSFER			
(14)			MIDDLE EAST AND NORTH AFRICA	GLOBAL HEALTH	1,798,854	WIRE TRANSFER			
(15)			MIDDLE EAST AND NORTH AFRICA	SOCIO-ECONOMIC	494,719	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 36

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 V Supplemental Information

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

Return Reference - 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.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I - 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

Return Reference - Identifier	Explanation
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

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	GLOBAL EDUCATION	687,292	WIRE TRANSFER			
(17)		NORTH AMERICA (CANADA & MEXICO ONLY)	HIV/AIDS	56,116	WIRE TRANSFER			
(18)		NORTH AMERICA (CANADA & MEXICO ONLY)	GLOBAL HEALTH	338,200	WIRE TRANSFER			
(19)		NORTH AMERICA (CANADA & MEXICO ONLY)	SOCIO-ECONOMIC	438,599	WIRE TRANSFER			
(20)		NORTH AMERICA (CANADA & MEXICO ONLY)	GLOBAL EDUCATION	68,133	WIRE TRANSFER			
(21)		RUSSIA AND NEIGHBORING STATES	HIV/AIDS	846,081	WIRE TRANSFER			
(22)		RUSSIA AND NEIGHBORING STATES	GLOBAL HEALTH	2,564,545	WIRE TRANSFER			
(23)		RUSSIA AND NEIGHBORING STATES	SOCIO-ECONOMIC	42,132	WIRE TRANSFER			
(24)		RUSSIA AND NEIGHBORING STATES	GLOBAL EDUCATION	290,966	WIRE TRANSFER			
(25)		SOUTH AMERICA	HIV/AIDS	145,119	WIRE TRANSFER			
(26)		SOUTH AMERICA	GLOBAL HEALTH	874,609	WIRE TRANSFER			
(27)		SOUTH AMERICA	SOCIO-ECONOMIC	1,134,249	WIRE TRANSFER			
(28)		SOUTH AMERICA	GLOBAL EDUCATION	176,197	WIRE TRANSFER			
(29)		SOUTH ASIA	HIV/AIDS	1,282,706	WIRE TRANSFER			
(30)		SOUTH ASIA	GLOBAL HEALTH	2,247,008	WIRE TRANSFER			
(31)		SOUTH ASIA	SOCIO-ECONOMIC	18,246	WIRE TRANSFER			
(32)		SOUTH ASIA	GLOBAL EDUCATION	759,069	WIRE TRANSFER			
(33)		SUB-SAHARAN AFRICA	HIV/AIDS	15,101,964	WIRE TRANSFER			
(34)		SUB-SAHARAN AFRICA	GLOBAL HEALTH	28,703,561	WIRE TRANSFER			
(35)		SUB-SAHARAN AFRICA	SOCIO-ECONOMIC	1,630,321	WIRE TRANSFER			
(36)		SUB-SAHARAN AFRICA	GLOBAL EDUCATION	6,279,363	WIRE TRANSFER			

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

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)	38-6006309	GOVERNMENT	18,387				HIV RELATED RESEARCH
(2) MARYLAND BALTIMORE UNIVERSITY 1000 HILLTOP CIRCLE, BALTIMORE, MD 21250	52-6002033	501(C)(3)	457,380				HIV RELATED RESEARCH
(3) (SEE STATEMENT)	52-0595110	501(C)(3)	3,620,182				HIV/ AIDS PREVENTION
(4) (SEE STATEMENT)	95-6006143	GOVERNMENT	498,683				HIV/ AIDS PREVENTION
(5) (SEE STATEMENT)	63-6005396	GOVERNMENT	938,127				HIV/ AIDS PREVENTION
(6) (SEE STATEMENT)	95-6006144	501(C)(3)	1,443,814				HIV RELATED RESEARCH
(7) (SEE STATEMENT)	13-3031098	501(C)(3)	108,195				YOUTH DEVELOPMENT
(8) (SEE STATEMENT)	13-5598093	501(C)(3)	2,374,190				HIV/ AIDS PREVENTION
(9) (SEE STATEMENT)	23-1352685	501(C)(3)	1,731,604				HIV RELATED RESEARCH
(10) (SEE STATEMENT)	56-6001393	501(C)(3)	4,551,836				HIV/ AIDS PREVENTION
(11) (SEE STATEMENT)	56-0686338	501(C)(3)	1,813,990				HIV/ AIDS PREVENTION
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 126

3 Enter total number of other organizations listed in the line 1 table 20

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) THE GEORGE WASHINGTON UNIVERSITY 2100 W PENNSYLVANIA AVE NW, SCH PUB HLTH SVCS 8TH FLR, WASHINGTON, DC 20037	53-0196584	501(C)(3)	242,888				HIV/ AIDS PREVENTION
(13) SEARCH FOR COMMON GROUND 1730 RHODE ISLAND AVE NW, SUITE 1101, WASHINGTON, DC 22036	52-1257425	501(C)(3)	6,172				EDUCATIONAL DEVELOPMENT
(14) UNC CHAPEL HILL INFECTIOUS DISEASES OFFICE OF SPONSORED RESEARCH, C/O BANK OF AMERICA LOCKBOX SERVICE, ATLANTA, GA 30384-2420	56-6001393	GOVERNMENT	25,911				HIV RELATED RESEARCH
(15) WORLD VISION INC P O BOX 9716, MAILSTOP 367, FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	537,870				SOCIO-ECONOMIC DEVELOPMENT
(16) POPULATION COUNCIL INC ONE DAG HAMMARSKJOLD PLAZA, SECOND FLOOR, NEW YORK, NY 10017	13-1687001	501(C)(3)	85,666				MATERNAL HEALTH AND NUTRITION
(17) HARVARD UNIVERSITY 10 SHATTUCK STREET, FINANCE DEPT, BOSTON, MA 02115	04-2103580	501(C)(3)	109,392				HIV RELATED RESEARCH
(18) HELEN KELLER INTERNATIONAL 352 PARK AVENUE, S., SUITE 1200, NEW YORK, NY 11235	13-5562162	501(C)(3)	5,755,194				CANCER PREVENTION TECH DEVELOPMENT
(19) POPULATION SERVICES INTERNATIONAL 1120 19TH STREET NW, SUITE 600, WASHINGTON, DC 20036	56-0942853	501(C)(3)	2,626,527				MATERNAL HEALTH AND NUTRITION
(20) PATH 2201 WESTLAKE AVE., SUITE 200, SEATTLE, WA 98107	91-1157127	501(C)(3)	313,827				HIV/ AIDS PREVENTION
(21) RESULTS FOR DEVELOPMENT INSTITUTE INC 1111 19TH ST, NW SUITE 700, WASHINGTON, DC 20036	20-8530747	501(C)(3)	116,223				MATERNAL HEALTH AND NUTRITION
(22) UNIVERSITY OF CINCINNATI ACCOUNTS RECEIVABLE, P.O. BOX 691031, CINCINNATI, OH 45269-1031	31-6000989	GOVERNMENT	352,612				HIV/ AIDS PREVENTION
(23) COLUMBIA MAILMAN SCHOOL OF PUBLIC HEALTH 600 W 168TH ST.,6TH FLOOR, NEW YORK, NY 10032	13-5598093	501(C)(3)	476,411				HIV/ AIDS PREVENTION
(24) MASSACHUSETTS GENERAL HOSPITAL 399 REVOLUTIONS DRIVE, SUITE 735, SOMERVILLE, MA 02145	04-2697983	GOVERNMENT	138,625				HIV RELATED RESEARCH
(25) AIDS HEALTHCARE FOUNDATION 6255 W SUNSET BLVD, 21ST FLOOR, LOS ANGELES, CA 90028	95-4112121	501(C)(3)	52,334				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
(26) AVAC COALITION, 423 WEST 127TH STREET,4TH FL, NEW YORK, NY 10027	94-3240841	501(C)(3)	102,834				HIV RELATED RESEARCH
(27) ABOUNDING PROSPERITY INC 2311 DR MARTIN LUTHER KING DR, DALLAS, TX 75215	20-3746990	501(C)(3)	23,222				HIV/ AIDS PREVENTION
(28) PUBLIC FOUNDATION ENTERPRISES INC 12801 CROSSROADS PARKWAY SOUTH, SUITE 200, CITY OF INDUSTRY, CA 91746-3505	95-2557063	501(C)(3)	182,579				GLOBAL HEALTH
(29) DUKE UNIVERSITY 324 BLACKWELL STREET, SUITE 900, DURHAM, NC 27701	56-0532129	501(C)(3)	115,218				HIV/ AIDS PREVENTION
(30) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE ROOM A 431, DIVISION OF INFECTIOUS DISEASES, NEW YORK, NY 10065	13-1623978	501(C)(3)	459,971				HIV RELATED RESEARCH
(31) DELOITTE CONSULTING LLP P O BOX 844717, DALLAS, TX 75284-4717	06-1454513		666,984				HIV/ AIDS PREVENTION
(32) HDI INC 318 SETH PLACE, ROCKVILLE, MD 20850	30-0207842	501(C)(3)	505,260				HIV/ AIDS PREVENTION
(33) RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 169 COLLEGE AVENUE, NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)	810,795				HIV/ AIDS PREVENTION
(34) CITY AND COUNTY OF SAN FRANCISCO BRANCH LOCATOR 148, 555 CAPITOL MALL, SACRAMENTO, CA 95814	94-6000417	GOVERNMENT	70,842				HIV/ AIDS PREVENTION
(35) JOHNS HOPKINS UNIV SCHOOL OF MEDICINE DEPARTMENT OF PATHOLOGY, 100 N CHARLES ST SUITE 316, BALTIMORE, MD 21201	52-0595110	501(C)(3)	1,603,039				HIV RELATED RESEARCH
(36) FENWAY COMMUNITY HEALTH CARE 1340 BOYLSTON STREET, 8TH FLOOR, BOSTON, MA 02215-4302	04-2510564	501(C)(3)	1,658,885				GLOBAL HEALTH
(37) UNIVERSITY OF WA SEATTLE HPTU, 901 BOREN AVE STE 1300, SEATTLE, WA 98104	91-6001537	501(C)(3)	29,877				HIV RELATED RESEARCH
(38) RES FDN INC GEORGIA STATE UNIVERSITY 58 EDGEWOOD AVENUE NE, 3RD FLOOR, ATLANTA, GA 30302	58-1845423	GOVERNMENT	273,924				EDUCATIONAL DEVELOPMENT
(39) SAVE THE CHILDREN 501 KINGS HIGHWAY EAST SUITE, 400, FAIRFIELD, CT 06825	60-7264870	501(C)(3)	92,886				SOCIO-ECONOMIC DEVELOPMENT
(40) UNIVERSITY OF DELAWARE RESEARCH OFFICE, 210 HULLIHEN HALL, NEWARK, DE 19716	51-6000297	GOVERNMENT	52,590				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
(41) TREATMENT ACTION GROUP INC 261 FIFTH AVE, SUITE 2110, NEW YORK, NY 10016	13-3624785	501(C)(3)	28,663				GLOBAL HEALTH
(42) PANAGORA GROUP LLC 3209 MCCOMAS AVENUE, KENSINGTON, MD 20895	27-4148413		99,990				GLOBAL HEALTH
(43) YALE UNIVERSITY P.O. BOX 208260, NEW HAVEN, CT 06520-8260	06-0646973	501(C)(3)	1,999,979				HIV RELATED RESEARCH
(44) RAMAPO FOR CHILDREN 49 W. 38TH STREET, NEW YORK, NY 10018	13-5600422	501(C)(3)	73,300				EDUCATIONAL DEVELOPMENT
(45) PH SCIENCE HOLDINGS INC 15022 35TH AVE W, SUITE F, LYNNWOOD, WA 98087	91-2181922		20,393				GLOBAL HEALTH
(46) EMORY UNIVERSITY OFFICE OF GRANTS AND CONTRACTS, PO BOX 935084, ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	2,002,493				HIV RELATED RESEARCH
(47) OREGON HEALTH AND SCIENCE 0690 SW BANCROFT ST, L106OPAM, PORTLAND, OR 97239	93-1176109	GOVERNMENT	20,322				GLOBAL HEALTH
(48) WORLD LEARNING 1015 15TH ST. NW, WASHINGTON, DC 20005	03-0179592	501(C)(3)	331,754				INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
(49) CLINIPACE INC 3800 PARAMOUNT PARKWAY, SUITE 100, MORRISVILLE, NC 27560	30-0266681		73,924				PUBLIC HEALTH PROGRAM
(50) RESEARCH FNDN SUNY ALBANY PO BOX 9, ALBANY, NY 12201-0009	14-1368361	501(C)(3)	81,939				HIV/ AIDS PREVENTION
(51) AVENIR HEALTH INC 41-A NEW LONDON TURNPIKE, GLASTONBURY, CT 06033-4241	20-4816286	501(C)(3)	211,841				HIV/ AIDS PREVENTION
(52) UNIVERSITY OF NOTRE DAME UNIVERSITY OF NOTRE DAME, 836 GRACE HALL, NOTRE DAME, IN 46556	35-0868188	501(C)(3)	48,640				EDUCATIONAL DEVELOPMENT
(53) GEORGIA TECH RESEARCH CORPORATION OFFICE SPONSORED PROGRAMS, SUITE 300, 505 10TH ST. NW, ATLANTA, GA 30332	58-0603146	501(C)(3)	1,097,042				HIV RELATED RESEARCH
(54) UNIVERSITY OF OREGON PO BOX 3237, EUGENE, OR 97403-0237	46-4727800	GOVERNMENT	320,874				SOCIO-ECONOMIC DEVELOPMENT
(55) UNIVERSITY OF NEVADA RENO MAIL STOP 0306, 1664 N VIRGINIA STREET, RENO, NV 89557	88-6000024	GOVERNMENT	28,432				EDUCATIONAL DEVELOPMENT
(56) IOWA STATE UNIVERSITY OF SCIENCE AND TECH 1138 PEARSON HALL, 505 MORRILL ROAD, AMES, IA 50011-2207	42-6004224	GOVERNMENT	410,406				SOCIO-ECONOMIC DEVELOPMENT
(57) UNIVERSITY OF MIAMI PO BOX 248106, CORAL GABLES, FL 33124-2912	59-0624458	501(C)(3)	1,305,232				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
(58) UNIVERSITY OF ILLINOIS 304 AOB M/C 672, 1737 WEST POLK ST, CHICAGO, IL 60612-7227	37-6000511	501(C)(3)	139,683				HIV RELATED RESEARCH
(59) UNIVERSITY OF PITTSBURGH ATTN 371220, 500 ROSS STREET 154 0455, PITTSBURGH, PA 15262-0001	25-0965591	501(C)(3)	1,774,332				HIV RELATED RESEARCH
(60) PALLADIUM INTERNATIONAL LLC 1331 PENNSYLVANIA AVENUE NW, SUITE 600, WASHINGTON, DC 20004	26-1509671	501(C)(3)	2,010,862				HIV/ AIDS PREVENTION
(61) ARIZONA STATE UNIVERSITY CENTERPOINT, SUITE 312, 660 S MILL AVE, TEMPE, AZ 85287-6011	86-0196696	GOVERNMENT	537,914				EDUCATIONAL DEVELOPMENT
(62) GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE, MSN 4C6, FAIRFAX, VA 22030-4422	54-0836354	GOVERNMENT	287,300				EDUCATIONAL DEVELOPMENT
(63) MAGEE WOMENS RESEARCH INSTITUTE 3240 CRAFT PLACE, 1ST FLOOR, PITTSBURGH, PA 15213	25-1462312	501(C)(3)	94,632				GLOBAL HEALTH
(64) CAYEN SYSTEMS 5105 200TH ST. SW, SUITE 200, LYNNWOOD, WA 98036	47-5313048	501(C)(3)	25,000				SOCIO-ECONOMIC DEVELOPMENT
(65) INTERNATIONAL AIDS VACCINE INITIATIVE INC 125 BROAD STREET, 9TH FLOOR, NEW YORK, NY 10004	13-3870223	501(C)(3)	597,786				HIV/ AIDS PREVENTION
(66) ACTION AGAINST HUNGER - USA ONE WHITEHALL STREET, 2ND FLOOR, NEW YORK, NY 10004	13-3327220	501(C)(3)	471,961				MATERNAL HEALTH AND NUTRITION
(67) UNIVERSITY OF MASSACHUSETTS 600 SUFFOLK STREET, SUITE 212, LOWELL, MA 01854	04-3167352	501(C)(3)	177,216				EDUCATIONAL DEVELOPMENT
(68) PHOENIX YOUTH AND FAMILY SERVICES INC 310 NORTH ALABAMA STREET, CROSSETT, AR 71635	71-0778516	501(C)(3)	309,462				YOUTH DEVELOPMENT
(69) KENTUCKIANAWORKS 410 W CHESTNUT STREET, SUITE 200, LOUISVILLE, KY 40242	46-4856936	501(C)(3)	180,516				YOUTH DEVELOPMENT
(70) VIAMO PBC 1250 CONNECTICUT AVENUE, SUITE 200, WASHINGTON, DC 20036	82-0825124		11,562				GLOBAL HEALTH
(71) OHIO UNIVERSITY 160 WEST UNION STREET OFFICE CENTER, SUITE 214, ATHENS, OH 46701	31-6402113	GOVERNMENT	63,987				ENGLISH LANGUAGE
(72) AMERICAN LEPROSY MISSIONS 1 ALM WAU, GREENVILLE, SC 29601	13-5562163	501(C)(3)	281,247				GLOBAL HEALTH
(73) UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE, ALN 147, TAMPA, FL 33620	59-3102112	GOVERNMENT	10,407				HIV/ AIDS PREVENTION
(74) MANN GLOBAL HEALTH LLC 704 HAWKS LANDING DRIVE, COLUMBUS, NC 28722	47-2218176		10,000				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
(75) KANSAS STATE UNIVERSITY KANSAS STATE UNIVERSITY, 1601 VATTIER STREET, 2 FAIRCHILD HA, MANHATTAN, KS 66506-1103	48-0771751	GOVERNMENT	103,779				ENGLISH LANGUAGE
(76) NATIONAL CENTER ON INSTITUTIONS AND ALTERNATIVES INC 7130 RUTHERFORD RD., BALTIMORE, MD 21244	52-1094078	501(C)(3)	232,893				YOUTH DEVELOPMENT
(77) JHPIEGO CORPORATION 1615 THAMES STREET, BALTIMORE, MD 21231	23-7424444	501(C)(3)	1,092,038				MATERNAL HEALTH AND NUTRITION
(78) THE REGENTS OF THE UNIVERSITY OF UCSF 490 ILLINOIS STREET, 4TH FLOOR, SAN FRANCISCO, CA 94143	94-6036493	PUBLICATION 78	1,678,336				GLOBAL HEALTH
(79) UNIV TEXAS HLTH SCI HOUSTON PO BOX 301418, DALLAS, TX 75303	74-1761309		1,107,487				HIV/ AIDS PREVENTION
(80) UNIVERSITY OF ROCHESTER MEDICAL CENTER 500 JOSEPH C WILSON BLVD, ROCHESTER, NY 14627	16-0743209	501(C)(3)	144,874				HIV/ AIDS PREVENTION
(81) OPEN DEVELOPMENT 642 PICKFORD PL NE, WASHINGTON, DC 20002	47-2658640		470,231				GLOBAL HEALTH
(82) E QUALITY PARTNERS LLC 1600 HOLDEN DRIVE, SARNIA, ONTARIO, CA	85-4316124		30,617				GLOBAL HEALTH
(83) FLORIDA STATE UNIVERSITY 1115 W. CALL STREET, TALLAHASSEE, FL 32306	59-1961248	GOVERNMENT	263,713				HIV/ AIDS PREVENTION
(84) UNIVERSITY OF MARYLAND COLLEGE PARK 4101 CHESAPEAKE BLDG., 4300 TERRAPIN TRAIL, COLLEGE PARK, MD 20742	52-6002033	GOVERNMENT	20,371				PUBLIC HEALTH PROGRAM
(85) NATIONAL FOUNDATION FOR THE CDC 600 PEACHTREE ST NE, SUITE 1000, ATLANTA, GA 30308	58-2106707	GOVERNMENT	25,000				HIV/ AIDS PREVENTION
(86) PARTNERS IN HEALTH 800 BOYLSTON STREET, SUITE 300, BOSTON, MA 02199	04-3567502	501(C)(3)	58,461				HIV/ AIDS PREVENTION
(87) KENT STATE UNIVERSITY KENT STATE UNIVERSITY, ACCOUNTS RECEIVABLE STUDENT BURSAR, KENT, OH 44242	31-6402079	GOVERNMENT	22,695				EDUCATIONAL DEVELOPMENT
(88) THE NORMAL ANOMALY INITIATIVES 10039 BISSONNET ST, SUITE 107, HOUSTON, TX 77036	86-3819643	501(C)(3)	122,095				HIV/ AIDS PREVENTION
(89) CENTRAL ALABAMA ALLIANCE 120 HILL RIDGE DRIVE, WETUMPKA, AL 36092	27-2914021	501(C)(3)	62,180				HIV/ AIDS PREVENTION
(90) CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE. SUITE 400, BOSTON, MA 02127	27-1414646	501(C)(3)	4,981,658				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
(91) FRAYM INC 3101 WILSON BLVD., SUITE 300, ARLINGTON, VA 22201	81-3857001		5,773				GLOBAL HEALTH
(92) KINAI EHA 346 KEANIANI STREET, KAILUA, HI 96734	82-1366272	501(C)(3)	79,839				EDUCATIONAL DEVELOPMENT
(93) FRED HUTCHINSON CANCER CENTER P.O. BOX 19024, MAIL STOP J6-500, SEATTLE, WA 98109-1024	91-1935159	501(C)(3)	3,919,654				GLOBAL HEALTH
(94) SOUTHERN BLACK POLICY AND ADVOCACY NETWORK 1075 GRIFFIN STREET WEST, SUITE 211, DALLAS, TX 75215	83-1197219	501(C)(3)	112,749				GLOBAL HEALTH
(95) TAKE ACTION GLOBAL 430 DRUID RD W, CLEARWATER, FL 33756	83-4628057	501(C)(3)	28,221				ENGLISH LANGUAGE
(96) THE REGENTS OF THE UNIV OF CA IRVINE UCSF MAIN DEPOSITORY, P.O. BOX 748872, LOS ANGELES, CA 90074-4872	95-2226406	501(C)(3)	28,595				GLOBAL HEALTH
(97) EASTERN WASHINGTON UNIVERSITY 526 5TH STREET, SHOWALTER 210, CHENEY, WA 99004	91-6000624	GOVERNMENT	57,575				ENGLISH LANGUAGE
(98) DISTRICT BOARD OF TRUSTEES 4200 CONGRESS AVE, LAKE WORTH, FL 33461	59-1216000		30,000				EDUCATIONAL DEVELOPMENT
(99) UNIVERSITY OF HOUSTON 3875 HOLMAN ST., GARRISON HALL R104B, HOUSTON, TX 77204	74-6001399	GOVERNMENT	110,747				SOCIO-ECONOMIC DEVELOPMENT
(100) SOUTH FLORIDA AFRO PRIDE PO BOX 451871, SUNRISE, FL 33345	85-1398134	501(C)(3)	111,524				HIV/ AIDS PREVENTION
(101) FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET, MARC 430, MIAMI, FL 33199	65-0177616	GOVERNMENT	51,766				HIV/ AIDS PREVENTION
(102) GLOBAL BLACK GAY MEN CONNECT CORPORATION 1242 NEW JERSEY AVE, NW, APT 2, WASHINGTON, DC 20001	84-2976165	501(C)(3)	108,981				HIV/ AIDS PREVENTION
(103) RAO COMMUNITY HEALTH 321 W 11TH ST, CHARLOTTE, NC 28202	82-1055298	501(C)(3)	18,280				HIV/ AIDS PREVENTION
(104) CLEMSON UNIVERSITY 230 KAPPA STREET,SUITE 200, CLEMSON, SC 29634	57-6000254	501(C)(3)	383,500				YOUTH DEVELOPMENT
(105) ERIKAS CLOSET 3325 WASHBURN AVE, STE 107, CHARLOTTE, NC 28205	82-4939775	501(C)(3)	58,434				SOCIO-ECONOMIC DEVELOPMENT
(106) OXFORD POLICY MANAGEMENT 1100 13TH ST NW, SUITE 800, WASHINGTON, DC 20005	37-1837230		60,639				MATERNAL HEALTH AND NUTRITION
(107) BIXAL SOLUTIONS INC 3050 CHAIN BRIDGE ROAD, SUITE 305, FAIRFAX, VA 22030	54-2056504		742,141				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
(108) PREMIER RESEARCH INTERNATIONAL 3800 PARAMOUNT PARKWAY SUITE 400, MORRISVILLE, NC 27560	26-2481486		5,105				GLOBAL HEALTH
(109) MONTGOMERY PRIDE UNITED 635 MADISON AVENUE, MONTGOMERY, AL 36104	81-3893029	501(C)(3)	53,146				HIV/ AIDS PREVENTION
(110) CULTIVATING NEW FRONTIERS 1828 L STREET NW SUITE 710, WASHINGTON, DC 20036	52-1447902	501(C)(3)	21,490				MATERNAL HEALTH AND NUTRITION
(111) INTERCHURCH MEDICAL ASSISTANCE 700 LIGHT STREET, BALTIMORE, MD 21230	52-2112460	501(C)(3)	203,698				GLOBAL HEALTH
(112) PEACEPLAYERS INTERNATIONAL 1100 15TH ST., 4TH FLOOR, WASHINGTON, DC 20005	52-2272092	501(C)(3)	133,500				YOUTH DEVELOPMENT
(113) MECKLENBURG COUNTY SHERIFF 5235 SPECTOR DRIVE, ATTN: ANDREY MELKONYAN, CHARLOTTE, NC 28202	56-6000319	GOVERNMENT	30,134				EDUCATIONAL DEVELOPMENT
(114) GOAL USA INC 1310 L STREET NW, # 450, WASHINGTON, DC 20005	13-3492792	501(C)(3)	2,675,252				GLOBAL HEALTH
(115) WEST VIRGINIA UNIVERSITY 1900 KANAWHA BLVD EAST, CHARLESTON, WV 25305	55-6000842	GOVERNMENT	391,085				HIV/ AIDS PREVENTION
(116) BOSTON UNIVERSITY MEDICAL 881 COMMONWEALTH AVE, BOSTON, MA 02215	04-2103547	501(C)(3)	55,738				HIV/ AIDS PREVENTION
(117) CAN COMMUNITY HEALTH INC 9040 TOWN CENTER PARKWAY, LAKEWOOD RANCH, FL 34202	65-0278528	501(C)(3)	10,000				HIV/ AIDS PREVENTION
(118) PROJECT BUILD SWFL INC 3845 BECK BLVD, UNIT 808, NAPLES, FL 34114	84-4915331	501(C)(3)	232,299				HIV/ AIDS PREVENTION
(119) VALLEY INITIATIVE FOR DEVELOPMENT 417 S. OHIO AVE, MERCEDES, TX 78570	74-2768931	501(C)(3)	195,174				YOUTH DEVELOPMENT
(120) HAND2HEART DC 4929 FOOTE ST NE, UNIT 8, WASHINGTON, DC 20019	92-1715317	501(C)(3)	198,658				YOUTH DEVELOPMENT
(121) CENTER FOR SOCIAL INTEGRITY CSI 5445 NUTMEG TRAIL, SAN ANTONIO, TX 78238	87-4632862	501(C)(3)	26,173				SOCIO-ECONOMIC DEVELOPMENT
(122) NATIONAL AMERICAN INDIAN COURT JUDGES ASSOCIATION 1942 BROADWAY, #510, BOULDER, CO 80302	84-0611428	501(C)(3)	47,000				SOCIO-ECONOMIC DEVELOPMENT
(123) YUROK TRIBE PO BOX 1027, KLAMATH, CA 95548	68-0178020	GOVERNMENT	45,000				SOCIO-ECONOMIC DEVELOPMENT
(124) BETA RESEARCH ASSOCIATES PO BOX 1867, PALMETTO, FL 34220	20-4747140		24,024				SOCIO-ECONOMIC 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
(125) TEXAS A AND M UNIVERSITY 400 HARVEY MITCHELL PKWY. S., SUITE 300, COLLEGE STATION, TX 77845	74-6000531	GOVERNMENT	34,009				EDUCATIONAL DEVELOPMENT
(126) PUBLIC WORKS ALLIANCE 801 COLD SPRINGS ROAD, SANTA BARBARA, CA 94133	87-2189871	501(C)(3)	251,711				EDUCATIONAL DEVELOPMENT
(127) PATHFINDERS RESOURCE CONSERVATION 304 S. MAPLE STREET, SUITE 101, FAIRFIELD, IA 52556	42-1127993	501(C)(3)	37,280				EDUCATIONAL DEVELOPMENT
(128) NATIONAL ASSOCIATION OF WORKFORCE DEVELOPMENT 401 JEFFERSON AVENUE, WEST PLAINS, MO 65775	52-1739506	501(C)(6)	20,760				EDUCATIONAL DEVELOPMENT
(129) NATIONAL COLLABORATIVE FOR TRANSFORMATIVE YOUTH POLICY 609 H ST NE, WASHINGTON, DC 20002	99-1467438	501(C)(3)	77,660				EDUCATIONAL DEVELOPMENT
(130) NTDS CONSULTING 556 CALLE CUEVILLAS, APT 101, SAN JUAN, PR 00907	66-1037150		20,625				EDUCATIONAL DEVELOPMENT
(131) CENTRAL REGIONAL EDUCATION 1929 N WASHINGTON STREET, SUITE A, BISMARCK, ND 58501	83-3594823	501(C)(3)	42,317				EDUCATIONAL DEVELOPMENT
(132) NAT ASC OF WORKFORCE BOARD 1155 15TH STREET, NW, SUITE 725, WASHINGTON, DC 20005	52-1167468	501(C)(3)	9,689				EDUCATIONAL DEVELOPMENT
(133) BLACK AND VEATCH SPECIAL PROJECTS CORP 11401 LAMAR AVENUE, ORLAND PARK, KS 66211	43-1460704		165,583				GLOBAL HEALTH
(134) NEW WAYS TO WORK 1012 W. BEVERLY BLVD. #377, MONTEBELLO, CA 90640	94-2463980	501(C)(3)	66,520				EDUCATIONAL DEVELOPMENT
(135) SOLVED. IPG HEALTH LLC 100 WEST 33RD STREET, NEW YORK, NY 10001	30-0742206		12,881				HIV/ AIDS PREVENTION
(136) ICENET 5810 SKELLY DRIVE, #803, TULSA, OK 74135	92-0937258	501(C)(3)	47,000				SOCIO-ECONOMIC DEVELOPMENT
(137) AIDS OUTREACH CENTER 400 N. BEACH STREET, SUITE 100, FORT WORTH, TX 76111	75-2139336	501(C)(3)	10,000				HIV RELATED RESEARCH
(138) CHEROKEE NATION PO BOX 1669, TAHLEQUAH, OK 74465	73-0757033	GOVERNMENT	80,000				SOCIO-ECONOMIC DEVELOPMENT
(139) OAK CREST INSTITUTE OF SCIENCE 132 W. CHESTNUT AVE, MONROVIA, CA 91016	95-4680961	501(C)(3)	16,408				HIV RELATED RESEARCH
(140) THE MUSCOGEE CREEK NATION PO BOX 580, OKMULGEE, OK 74447	73-0932018	GOVERNMENT	47,000				SOCIO-ECONOMIC DEVELOPMENT
(141) SAINT REGIS MOHAWK TRIBAL 71 MARGARET TERRANCE MEMORIAL WAY, AKWESASNE, NY 13655	16-1007650	GOVERNMENT	17,250				SOCIO-ECONOMIC 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
(142) BISHOP PAIUTE TRIBE 50 TU SU LANE, BISHOP, CA 93541	95-1905064	GOVERNMENT	40,000				SOCIO-ECONOMIC DEVELOPMENT
(143) MSU MICHIGAN STATE UNIVERSITY HANNAH ADMINISTRATION BUILDING, 426 AUDITORIUM ROAD, ROOM 360, EAST LANSING, MI 48824-2600	38-6005984	501(C)(3)	102,727				EDUCATIONAL DEVELOPMENT
(144) UNIVERSITY OF TENNESSEE KNOXVILLE DIVISION OF RESEARCH ADMINISTRATION, 2240 SUTHERLAND AVE, SUITE 2, KNOXVILLE, TN 37919	62-6001636	GOVERNMENT	76,193				EDUCATIONAL DEVELOPMENT
(145) SPECIAL PEOPLE ADVOCATING 29 ATKINSONS ST, P.O. BOX 1379, STANTON, KY 42635	83-1316769	501(C)(3)	7,056				YOUTH DEVELOPMENT
(146) THE UNIVERSITY OF TEXAS AT AUSTIN COP 2409 UNIVERSITY AVENUE, PHR 5.114, AUSTIN, TX 78712	74-6000203	GOVERNMENT	250,000				GLOBAL HEALTH

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 A $1M OR MORE 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	REGENTS OF THE UNIVERSITY OF MICHIGAN 5000 WOLVERINE TOWER, ANN ARBOR, MI 48109-1340
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	REGENTS UNIV OF CALIFORNIA BOX 957089 1125 MURPHY HALL, 405 HILGARD AVENUE, LOS ANGELES, CA 90095-9000
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S RM AB, BIRMINGHAM, AL 35294-0007
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE REGENTS OF THE UC PAYMENT SOLUTIONS AND COMPLIANCE, BOX 957089 1125 MURPHY HALL 405 HIL, LOS ANGELES, CA 90095-9000
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NATIONAL YOUTH EMPLOYMENT 1155 15TH ST NW, SUITE 350, WASHINGTON, DC 20005
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE TRUSTEES COLUMBIA COLUMBIA UNIV MEDICAL CENTER, 154 HAVEN AVE, NEW YORK, NY 10032
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3417 SPRUCE STREET, HOUSTON HALL 200, PHILADELPHIA, PA 19104
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF SPONSORED RESEARCH, 104 AIRPORT DRIVE, STE 2200, CHAPEL HILL, NC 27599-1350
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	RESEARCH TRIANGLE INSTITUTE HEALTH SOLUTIONS PO BOX 12194, DURHAM, NC 27709

SCHEDULE J (Form 990)
(Rev. January 2025)
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

Open to Public Inspection

Name of the organization
FAMILY HEALTH INTERNATIONAL INC

Employer identification number
23-7413005

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☑ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
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 ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	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:			
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:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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				
	ANA TERESA GUTIERREZ-SAN MARTIN	(i)	602,734	0	66,971	41,400	1,886	712,991	0
1	CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
	DEBORAH KENNEDY IRAHETA	(i)	413,452	0	6,674	64,400	2,366	486,892	0
2	CHIEF OPERATIONS OFFICER	(ii)	0	0	0	0	0	0	0
	RASIKA PADMAPERUMA	(i)	356,560	0	1,806	41,400	25,221	424,987	0
3	CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
	KATHY STROKER	(i)	314,510	0	1,065	61,794	25,119	402,488	0
4	GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
	USEETHA RHODES	(i)	298,660	0	1,806	37,184	25,400	363,050	0
5	CHIEF PEOPLE OFFICER	(ii)	0	0	0	0	0	0	0
	DORIS YOUNGS	(i)	201,059	0	102,844	49,341	6,350	359,594	0
6	PROJECT DIRECTOR I	(ii)	0	0	0	0	0	0	0
	HAYLEY BRYANT	(i)	154,261	0	171,273	21,058	7,989	354,581	0
7	CHIEF OF PARTY	(ii)	0	0	0	0	0	0	0
	SEAN TEMEEMI	(i)	290,482	0	2,772	35,819	25,375	354,448	0
8	CHIEF COMPLIANCE OFFICER	(ii)	0	0	0	0	0	0	0
	ANNETTE BROWN	(i)	298,009	0	1,806	36,435	17,683	353,933	0
9	CHIEF STRATEGY AND EVIDENCE OFFICER (TERM ENDED 05/02/2025)	(ii)	0	0	0	0	0	0	0
	JACQUELINE MCPHERSON	(i)	271,171	0	35,675	35,944	6,499	349,289	0
10	SVP, STRATEGIC GROWTH	(ii)	0	0	0	0	0	0	0
	AMY WEISSMAN	(i)	213,530	0	64,335	55,007	8,092	340,964	0
11	SENIOR DIRECTOR, GLOBAL TECH	(ii)	0	0	0	0	0	0	0
	DESIREE PIPKINS	(i)	298,477	0	1,620	35,961	1,144	337,202	0
12	CHIEF IMPACT OFFICER	(ii)	0	0	0	0	0	0	0
	ANTHONY BONDURANT	(i)	247,417	4,000	21,594	55,892	6,331	335,234	0
13	DIRECTOR, BUSINESS DEVELOPMENT	(ii)	0	0	0	0	0	0	0
	NZAPFURUNDI CHABIKULI	(i)	254,005	3,000	1,806	51,976	22,766	333,553	0
14	VP, REGIONAL PROGRAMS	(ii)	0	0	0	0	0	0	0
	LAURA KAYSER	(i)	280,593	0	5,334	34,509	9,359	329,795	0
15	DEPUTY COO	(ii)	0	0	0	0	0	0	0
	SEE NEXT PAGE	(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) LANETA DORFLINGER PORTFOLIO DIRECTOR II	(i)	248,168	9,000	8,652	54,432	9,450	329,702	0
	(ii)	0	0	0	0	0	0	0
(17) EDWARD CHAPPY TECHNICAL ADVISOR III	(i)	190,782	0	106,891	23,076	3,889	324,638	0
	(ii)	0	0	0	0	0	0	0
(18) CHRISTIAN PITTER BUSINESS UNIT DIRECTOR II	(i)	279,288	5,500	3,006	33,659	1,056	322,509	0
	(ii)	0	0	0	0	0	0	0
(19) STEPHEN MILLS PORTFOLIO DIRECTOR I	(i)	211,805	0	72,268	25,932	6,368	316,373	0
	(ii)	0	0	0	0	0	0	0
(20) SCOTT ARONSON PROJECT DIRECTOR I	(i)	157,918	0	120,173	19,668	7,961	305,720	0
	(ii)	0	0	0	0	0	0	0
(21) PETER OYLOE PORTFOLIO DIRECTOR I	(i)	189,846	0	84,846	27,482	872	303,046	0
	(ii)	0	0	0	0	0	0	0
(22) NADRA FRANKLIN FORMER KEY EMPLOYEE	(i)	248,789	0	3,881	30,899	17,777	301,346	0
	(ii)	0	0	0	0	0	0	0
(23) HOWELL WECHSLER BUSINESS UNIT DIRECTOR I	(i)	246,654	0	5,433	30,713	17,774	300,574	0
	(ii)	0	0	0	0	0	0	0
(24) LEILA ABU-GHEIDA FORMER KEY EMPLOYEE	(i)	239,448	0	4,400	29,418	17,780	291,046	0
	(ii)	0	0	0	0	0	0	0
(25) JUAN CARLOS BAUTISTA DIRECTOR, STRATEGIC FINANCE	(i)	208,498	0	2,141	26,617	25,182	262,438	0
	(ii)	0	0	0	0	0	0	0
(26) CHRISTINE NYIRJESY BRAGALE FORMER KEY EMPLOYEE	(i)	205,115	0	3,006	24,758	910	233,789	0
	(ii)	0	0	0	0	0	0	0
(27) MICHAEL MAZZA FORMER KEY EMPLOYEE	(i)	101,884	0	73,153	7,129	357	182,523	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 1A - PAYMENTS FOR BUSINESS USE OF PERSONAL RESIDENCE	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 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	FORMER EMPLOYEE MICHAEL MAZZA RECEIVED A SEVERANCE IN THE AMOUNT OF 117,875 BASED ON THE TERMS AND CONDITIONS OF THE EMPLOYMENT AGREEMENT.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	A 457(B) VOLUNTARY SALARY DEFERRAL PLAN WAS MADE AVAILABLE TO THE EXTENT ALLOWED BY INTERNAL REVENUE SERVICE REGULATIONS. THE PLAN WAS DISCONTINUED WITHIN THE REPORTING PERIOD.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FAMILY HEALTH INTERNATIONAL INC

Employer identification number

23-7413005

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES $73,381,299 INCLUDING GRANTS OF $27,587,393)(REVENUE $8,845,512) 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. 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, CT, CH, CG, IV, DJ, DR, EG, ET, GH, GT, GV, HA, HO, IN, ID, JO, KZ, KE, KG, LA, LT, LI, MA, MI, ML, MR, MO, MZ, NP, NI, PP, RP, RW, SG, SF, 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 INDIVIDUALS TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST ON AN ONGOING BASIS AS THEY ARISE. IN ADDITION, THE ASSISTANT SECRETARY COLLECTS ANNUAL DISCLOSURE STATEMENT FROM ALL BOARD MEMBERS FOR FILING WITH THE BOARD CHAIR. ANNUAL DISCLOSURE STATEMENTS ARE OBTAINED FROM ALL EMPLOYEES AT THE LEVEL OF DIRECTOR AND ABOVE AND ARE REVIEWED AND MAINTAINED BY THE CHIEF COMPLIANCE OFFICER. THE ORGANIZATION'S CODE OF ETHICS AND CONDUCT, WHICH SUMMARIZES THE CONFLICTS OF INTEREST POLICY AND OUTLINES EXPECTED ETHICAL STANDARDS AND CONDUCT, IS PROVIDED TO EACH BOARD MEMBER UPON APPOINTMENT AND TO EACH EMPLOYEE UPON EMPLOYMENT. ALL INDIVIDUALS MUST ACKNOWLEDGE, IN WRITING, THAT THEY HAVE REVIEWED AND AGREE TO COMPLY 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 SERVE AS THE ORGANIZATION'S CORPORATE OFFICER COMPENSATION COMMITTEE, WHICH IS RESPONSIBLE FOR ESTABLISHING COMPENSATION OF THE CEO AND REVIEWING OFFICERS' COMPENSATION. THE COMMITTEE IS INDEPENDENT OF THE COMPENSATED OFFICERS. ON AN ANNUAL BASIS, THE COMMITTEE ENGAGES THE SERVICES OF A COMPENSATION CONSULTING FIRM TO OBTAIN COMPARABILITY DATA FOR THE CORPORATE OFFICER POSITIONS AND DEVELOP 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 THE CEO'S COMPENSATION LEVEL FOR THE COMING YEAR; AND (5) DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FAMILY HEALTH INTERNATIONAL INC

Employer identification number

23-7413005

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 VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SERVE AS THE ORGANIZATION'S CORPORATE OFFICER COMPENSATION COMMITTEE, WHICH IS RESPONSIBLE FOR ESTABLISHING COMPENSATION OF THE CEO AND REVIEWING OFFICERS' COMPENSATION. THE COMMITTEE IS INDEPENDENT OF THE COMPENSATED OFFICERS. ON AN ANNUAL BASIS, THE COMMITTEE ENGAGES THE SERVICES OF A COMPENSATION CONSULTING FIRM TO OBTAIN COMPARABILITY DATA FOR THE CORPORATE OFFICER POSITIONS AND DEVELOP 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 THE CEO'S COMPENSATION LEVEL 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 IS AVAILABLE ON FHI 360'S WEBSITE AND THE CONFLICTS OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

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	0	0	FHI 360
(2) FHI PARTNERS LLC (82-5145951) 359 BLACKWELL STREET, DURHAM, NC 27701	HEALTH, EDUCATION	NC	0	0	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	(g) 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 CLINICAL	O	449,696	FMV
(2)	FHI CLINICAL	Q	2,145,522	FMV
(3)	FHI UK	B	2,011,712	FMV
(4)	FHI UK	O	289,417	FMV
(5)	FHI UK	P	291,869	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? Yes	(e) No	(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)													
(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	INACTIVE	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	1,513	950,721	100%	✓	
(2) FHI CLINICAL, INC (83-2853562) 359 BLACKWELL STREET, DURHAM, NC 22701	CLINICAL RESEARCH	DE	FHI 360	C CORPORATION	29,702,905	23,032,330	100%	✓	
(3) FHI 360 UK 3 MORE LONDON, RIVERSIDE, LONDON, SE1 2RE, UK	SUSTAINABLE GOVERNANCE	UNITED KINGDOM	FHI 360	C CORPORATION	4,123,469	1,980,526	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 UK	Q	1,537,294	FMV
(7) FHI CLINICAL	B	11,026,417	FMV