

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning **10/01**, 20**22**, and ending **09/30**, 20**23**

**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) Room/suite  
**359 BLACKWELL STREET** **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**

**F** Name and address of principal officer: **RASIKA PADMAPERUMA**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **837,531,522**

**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		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>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.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>1,590</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>764,232,216</b>	<b>768,119,591</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>70,558,516</b>	<b>65,084,692</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>701,817</b>	<b>3,677,427</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>(556,862)</b>	<b>(488,795)</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>834,935,687</b>	<b>836,392,915</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>307,240,492</b>	<b>277,854,012</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>197,467,548</b>	<b>217,766,797</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>384,264,858</b>	<b>341,935,740</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>888,972,898</b>	<b>837,556,549</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>(54,037,211)</b>	<b>(1,163,634)</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>328,885,680</b>	<b>367,242,185</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>204,155,649</b>	<b>236,557,998</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>124,730,031</b>	<b>130,684,187</b>

**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: **RASIKA PADMAPERUMA, CFO** Date: \_\_\_\_\_  
 Type or print name and title: \_\_\_\_\_

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

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**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 \$ 325,393,514 including grants of \$ 131,452,351 ) (Revenue \$ 30,791,479 )  
SOCIAL, ENVIRONMENTAL, AND ECONOMIC DEVELOPMENT - FHI360'S SOCIAL PROGRAMS ENGAGE YOUTH AS PARTNERS IN DEVELOPMENT AND AGENTS FOR CHANGE. GENDER EQUALITY IS FOSTERED BETWEEN BOYS AND GIRLS BEGINNING IN EARLY CHILDHOOD AND PROMOTES GENDER EQUITY TO EDUCATION AND WORK, WHICH REDUCES GENDER-BASED VIOLENCE. FHI360 PROMOTES COMMUNITY SOLUTIONS FOR PROTECTING NATURAL RESOURCES AND ENCOURAGES SUSTAINABLE AGRICULTURE AND LAND USE PRACTICES. THE ECONOMIC DEVELOPMENT PROGRAMS CULTIVATE ENTREPRENEURSHIP IN DEVELOPING COUNTRIES THROUGH MICRO ENTERPRISE AND MICRO-FINANCE PROGRAMS, WHICH STRENGTHENS LIVELIHOOD FOR THE MOST-AT-RISK HOUSEHOLDS.

**4b** (Code: ) (Expenses \$ 151,306,458 including grants of \$ 61,124,727 ) (Revenue \$ 14,317,893 )  
GLOBAL HEALTH, NUTRITION, AND DEVELOPMENT - FHI360'S GLOBAL HEALTH AND NUTRITION PROGRAMS WORK TO STRENGTHEN HEALTH SYSTEMS, PARTICULARLY IN RESOURCE CONSTRAINED SETTINGS. THESE PROGRAMS HELP PREVENT AND MANAGE COMMUNICABLE DISEASES AND REDUCE NEGLECTED TROPICAL DISEASES. THE ORGANIZATION DEVELOPS STRATEGIES FOR PREVENTING AND MANAGING CHRONIC DISEASE, INTEGRATING HEALTH AREAS WHICH PRODUCE EFFICIENCIES, AND BUILDING CONSUMER DEMAND FOR EVIDENCE-BASED HEALTH PRODUCTS AND SERVICES. THE ROLE OF NUTRITION IN PREVENTING DISEASE AND IMPROVING HEALTH IS CONTINUALLY EVALUATED AND ADVOCATED. DURING FY23, CLINICAL TRIAL ACTIVITIES WERE ALSO PERFORMED FOR ANTIVIRAL AGENTS TO TREAT THE COVID-19 INFECTION FOR PATIENTS IN HOSPITAL.

**4c** (Code: ) (Expenses \$ 125,115,992 including grants of \$ 50,544,312 ) (Revenue \$ 11,839,530 )  
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 \$ 85,976,171 including grants of \$ 34,732,622 ) (Revenue \$ 8,135,790 )

**4e** Total program service expenses 687,792,135

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input checked="" type="checkbox"/>	



<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	1,590		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>		✓	
<b>b</b>	If "Yes," enter the name of the foreign country <u>AF, BG, BN, BC, UV, (CONTINUED ON SCHEDULE O)</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.	<b>17</b>			

**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
<b>1a</b>	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.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 11		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<input checked="" type="checkbox"/>	
<b>b</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? . . . . .	<input checked="" type="checkbox"/>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, CA, MA, MS, NC, NY, SC
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
RASIKA PADMAPERUMA, 359 BLACKWELL ST SUITE 200, DURHAM, NC 27701, (919) 544-7040

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 CHIEF EXECUTIVE OFFICER	40.0 0.0	✓		✓				489,019	0	38,109
(2) DEBORAH KENNEDY IRAHETA CHIEF OPERATIONS OFFICER	40.0 0.0			✓				359,953	0	57,511
(3) RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	40.0 4.0			✓				308,850	27,500	59,284
(4) MATTHEW PIETZ PROJECT DIRECTOR II	40.0 0.0					✓		353,350	0	27,043
(5) KATHY STROKER GENERAL COUNSEL	40.0 0.0			✓				273,371	0	76,780
(6) MICHAEL CASSELL TECHNICAL ADVISOR	40.0 0.0					✓		318,702	0	31,167
(7) PAMELA MYERS FORMER CHIEF HUMAN RESOURCE OFFICER	40.0 0.0			✓				293,254	0	53,508
(8) JACQUELINE MCPHERSON REGIONAL DIRECTOR	40.0 0.0					✓		296,277	0	43,698
(9) DORIS YOUNGS PROJECT DIRECTOR I	40.0 0.0					✓		282,769	0	51,755
(10) SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	40.0 0.0			✓				273,469	0	56,337
(11) LAURA KAYSER DEPUTY COO	40.0 0.0					✓		285,099	0	42,591
(12) STEPHEN MILLS DIRECTOR PROJECT PORTFOLIO	40.0 0.0					✓		296,026	0	30,102
(13) HAYLEY BRYANT CHIEF OF PARTY	40.0 0.0					✓		297,456	0	28,142
(14) TIMOTHY MASTRO CHIEF SCIENCE OFFICER	36.0 0.0			✓				253,013	0	72,086

**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) NZAPFURUNDI CHABIKULI DIR. OF GLOBAL HLTH, POPUL	40.0 0.0				✓			248,329	0	71,243
(16) LANETA DORFLINGER SCIENTIST	40.0 0.0				✓			245,375	0	66,048
(17) LEILA ABU-GHEIDA REGIONAL DIRECTOR	40.0 0.0				✓			240,091	0	45,083
(18) NADRA FRANKLIN DIRECTOR OF SOCIAL AND ECO	40.0 0.0				✓			237,701	0	45,141
(19) MICHAEL MAZZA DIRECTOR, INFORMATION SOLU	40.0 0.0				✓			232,132	0	50,433
(20) ALETA WILLIAMS DIR., BUSINESS DVLDP & DIVE	40.0 0.0				✓			231,009	0	44,307
(21) CHRISTINE NYIRJESY BRAGALE DIRECTOR, COMMUNICATIONS (CORP	40.0 0.0				✓			177,974	0	21,959
(22) WELLINGTON PAK DIRECTOR, BUSINESS STRATEGY	0.0 0.0						✓	122,090	0	0
(23) GREGORY M. GUNN BOARD MEMBER	2.0 0.0	✓						12,240	0	0
(24) PHILIP LOCHNER CHAIR (UNTIL 10/27/22)	2.0 0.0	✓						12,240	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								6,139,789	27,500	1,012,327
<b>c Total from continuation sheets to Part VII, Section A</b>								68,760	0	0
<b>d Total (add lines 1b and 1c)</b>								6,208,549	27,500	1,012,327
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								539		

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

**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
GOLD MIND INSTRUCTIONAL SERVICES, 1345 LEGACY GREENE AVENUE, WAKE FOREST, NC 27587	DEI CONSULTANTS	351,345
NAVISITE LLC, 400 MINUTEMAN RD., ANDOVER, ME 01810	ISS	259,735
HEAD GLOBAL LLC, 629 KENSINGTON DRIVE, CHAPEL HILL, NC 27514	EPS CONSULTANT-US	201,795
THE ADDITIVE AGENCY, 400 THIRD AVENUE 2ND FLOOR, BROOKLYN, NY 11215	MARKETING SERVICES	176,224
ENDURANCE LEARNING LLC, 4739 UNIVERSITY WAY NE, SEATTLE, WA 98105	INSTRUCTIONAL DESIGN	150,636
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	9	



**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		
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 5,200,000					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 661,570,502					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 101,349,089					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		768,119,591				
	<b>Program Service Revenue</b>			Business Code				
<b>2a</b>		USAID	541700	34,850,650	34,850,650			
<b>b</b>		DHHS	541700	18,103,566	18,103,566			
<b>c</b>		JOHNSON AND JOHNSON	541700	1,940,800	1,940,800			
<b>d</b>		UK FOREIGN AND COMMONWEALTH OFFICE	541700	1,754,153	1,754,153			
<b>e</b>		GLOBAL FUND	541700	973,452	973,452			
<b>f</b>		All other program service revenue . . .		7,462,071	7,462,071	0		
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		65,084,692				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		3,424,193	0	0	3,424,193	
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	<b>5</b>	Royalties . . . . .		35,176	0	0	35,176	
	<b>6a</b>	Gross rents . . . . .	(i) Real	614,636	0			
			(ii) Personal		0			
			<b>6b</b>	Less: rental expenses	1,138,607	0		
			<b>6c</b>	Rental income or (loss)	(523,971)	0		
	<b>d</b>	Net rental income or (loss) . . . . .		(523,971)	0	0	(523,971)	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	0	253,234			
			(ii) Other		0			
			<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	0	0		
			<b>7c</b>	Gain or (loss) . . . . .	0	253,234		
	<b>d</b>	Net gain or (loss) . . . . .		253,234	0	0	253,234	
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b> 0					
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b> 0					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0		0	0	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b> 0					
	<b>b</b>	Less: direct expenses . . . . .	<b>9b</b> 0					
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0	0	0	0		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b> 0						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b> 0						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0	0	0	0		
<b>Miscellaneous Revenue</b>			Business Code					
	<b>11a</b>	-----		0	0	0		
	<b>b</b>	-----		0	0	0		
	<b>c</b>	-----		0	0	0		
	<b>d</b>	All other revenue . . . . .		0	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		836,392,915	65,084,692	0	3,188,632		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	101,250,998	101,250,998		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	176,603,014	176,603,014		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	6,086,458	2,750,752	3,335,706	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	182,447,215	103,966,042	78,481,173	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	16,384,784	13,455,003	2,929,781	
<b>9</b> Other employee benefits . . . . .	2,022,431	1,660,798	361,633	
<b>10</b> Payroll taxes . . . . .	10,825,909	8,890,116	1,935,793	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	847,427	512,813	334,614	
<b>c</b> Accounting . . . . .	1,358,770	425,721	933,049	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	55,663,789	39,315,154	16,348,635	0
<b>12</b> Advertising and promotion . . . . .	146,155	137,675	8,480	
<b>13</b> Office expenses . . . . .	37,493,234	32,794,128	4,699,106	
<b>14</b> Information technology . . . . .	5,966,951	3,335,713	2,631,238	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	25,039,571	11,239,049	13,800,522	
<b>17</b> Travel . . . . .	30,531,354	26,546,264	3,985,090	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	22,035,955	21,546,458	489,497	
<b>20</b> Interest . . . . .	436,730	390,278	46,452	
<b>21</b> Payments to affiliates . . . . .	407,890	38,066	369,824	
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,913,473		3,913,473	
<b>23</b> Insurance . . . . .	1,386,191	206,513	1,179,678	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> <u>FIELD OFFICE EXPENSES</u> . . . . .	102,024,932	96,951,270	5,073,662	
<b>b</b> <u>PARTICIPANT/PASS THROUGH</u> . . . . .	28,024,542	28,024,542		
<b>c</b> <u>EQUIPMENT</u> . . . . .	17,536,623	14,886,649	2,649,974	
<b>d</b> <u>NONALLOCABLE COSTS LESS INTEREST</u> . . . . .	9,122,153	2,865,119	6,257,034	
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	837,556,549	687,792,135	149,764,414	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	91,465,744	<b>1</b>	85,366,625
	<b>2</b> Savings and temporary cash investments . . . . .	57,259,388	<b>2</b>	75,139,391
	<b>3</b> Pledges and grants receivable, net . . . . .	250,000	<b>3</b>	1,375,000
	<b>4</b> Accounts receivable, net . . . . .	126,880,641	<b>4</b>	104,198,506
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,450,886	<b>9</b>	14,049,702
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 22,493,714		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 12,443,656	8,476,443	<b>10c</b> 10,050,058
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	7,784,905	<b>12</b>	9,122,305
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	26,317,673	<b>15</b>	67,940,598
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	328,885,680	<b>16</b>	367,242,185	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	97,874,719	<b>17</b>	91,579,011
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	83,112,468	<b>19</b>	86,671,780
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,800,000	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	17,368,462	<b>25</b>	58,307,207
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	204,155,649	<b>26</b>	236,557,998
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	124,730,031	<b>27</b>	130,684,187
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	124,730,031	<b>32</b>	130,684,187
<b>33</b> Total liabilities and net assets/fund balances . . . . .	328,885,680	<b>33</b>	367,242,185	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	836,392,915
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	837,556,549
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(1,163,634)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	124,730,031
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	7,117,790
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	130,684,187

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> 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?	<input checked="" type="checkbox"/>	
<b>b</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.	<input checked="" type="checkbox"/>	



**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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) SHEILA MITCHELL ----- BOARD MEMBER (UNTIL 10/27/22)	2.0 ----- 0.0	✓						12,240	0	0
(26) CARLOS TORRES ----- CHAIR (BEGINNING 10/27/22)	2.0 ----- 0.0	✓						9,360	0	0
(27) SHEILA LEATHERMAN ----- BOARD MEMBER	2.0 ----- 0.0	✓						9,360	0	0
(28) WARREN SIMMONS ----- VICE CHAIR	2.0 ----- 0.0	✓						9,360	0	0
(29) SCOTT WU ----- BOARD MEMBER	2.0 ----- 0.0	✓						7,920	0	0
(30) JACQUELINE MAHAL ----- BOARD MEMBER	2.0 ----- 0.0	✓						5,760	0	0
(31) ARON BETRU ----- BOARD MEMBER	2.0 ----- 0.0	✓						5,580	0	0
(32) DEBREWOK ZEWDIE ----- BOARD MEMBER	2.0 ----- 0.0	✓						5,040	0	0
(33) H.E. KAMISSA CAMARA ----- BOARD MEMBER	2.0 ----- 0.0	✓						4,140	0	0
(34) DANA HOVIG ----- BOARD MEMBER	2.0 ----- 0.0	✓						0	0	0
(35) SUSAN YASHAR ----- BOARD MEMBER (BEGINNING 10/27/22)	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>FAMILY HEALTH INTERNATIONAL INC</b>	Employer identification number <b>23-7413005</b>
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**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)(vii)**. (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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	653,577,598	573,828,966	688,624,181	764,232,216	768,119,591	3,448,382,552
<b>2</b> 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 . . . .	127,284,293	100,271,584	76,152,152	70,558,515	65,084,692	439,351,236
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . .	780,861,891	674,100,550	764,776,333	834,790,731	833,204,283	3,887,733,788
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	0	0	0	0	0	0
<b>b</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	79,624,549	76,512,026	51,159,391	40,523,161	36,281,277	284,100,404
<b>c</b> Add lines 7a and 7b . . . .	79,624,549	76,512,026	51,159,391	40,523,161	36,281,277	284,100,404
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						3,603,633,384

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . .	780,861,891	674,100,550	764,776,333	834,790,731	833,204,283	3,887,733,788
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .	65,728	(1,374,075)	(227,446)	144,955	4,074,005	2,683,167
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						0
<b>c</b> Add lines 10a and 10b . . . .	65,728	(1,374,075)	(227,446)	144,955	4,074,005	2,683,167
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .	721,620	4,106,347	282,619	0	0	5,110,586
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	781,649,239	676,832,822	764,831,506	834,935,686	837,278,288	3,895,527,541
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	92.51 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . .	<b>16</b>	93.59 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	0.00 %
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	0.00 %

- 19a 33 1/3% support tests—2022.** 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—2021.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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 <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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	<b>Total annual distributions.</b> 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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017 . . . . .		
b	From 2018 . . . . .		
c	From 2019 . . . . .		
d	From 2020 . . . . .		
e	From 2021 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018 . . . . .		
b	Excess from 2019 . . . . .		
c	Excess from 2020 . . . . .		
d	Excess from 2021 . . . . .		
e	Excess from 2022 . . . . .		



**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.)

Ruled area for providing supplemental information, consisting of numerous horizontal dashed lines.

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1)	721,620	4,106,347	282,619			5,110,586

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (FAMILY HEALTH INTERNATIONAL INC) and Employer identification number (23-7413005)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [x] 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

- [x] 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 <b>FAMILY HEALTH INTERNATIONAL INC</b>	Employer identification number <b>23-7413005</b>
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**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	----- ----- -----	\$ 547,310,518	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 49,081,396	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 48,508,557	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 26,051,956	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 23,375,173	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 10,166,260	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FAMILY HEALTH INTERNATIONAL INC</b>	Employer identification number <b>23-7413005</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>FAMILY HEALTH INTERNATIONAL INC</b>	Employer identification number <b>23-7413005</b>
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**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)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>FAMILY HEALTH INTERNATIONAL INC</b>	Employer identification number <b>23-7413005</b>
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**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 employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Cat. No. 50084S

Schedule C (Form 990) 2022

**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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	0	0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	2,534	0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	2,534	0												
<b>d</b>	Other exempt purpose expenditures . . . . .	0	0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	2,534	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	507	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	127	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	2,027	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	0	0	0	507	507
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					760
<b>c</b> Total lobbying expenditures	0	0	0	2,534	2,534
<b>d</b> Grassroots nontaxable amount	0	0	0	127	127
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					190
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**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](#)

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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)

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

2022

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year'.

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.

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		9,287,973	970,778	8,317,195
<b>d</b> Equipment		12,933,196	11,472,878	1,460,318
<b>e</b> Other		272,545	0	272,545
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,050,058



**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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .		

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RIGHT-OF-USE LEASES, NET	39,909,543
(2) INVESTMENT IN SUBSIDIARIES	23,930,623
(3) 457(B) DEFERRED COMPENSATION PLAN ASSETS	3,915,385
(4) OTHER ASSETS	185,047
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	67,940,598

**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	53,326,564
(3) DEFERRED RENT	0
(4) 457(B) DEFERRED COMP PLAN LIABILITY	3,915,385
(5) OTHER LIABILITIES	1,065,258
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	58,307,207

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
	<b>b</b> Donated services and use of facilities . . . . .	<b>2b</b>		
	<b>c</b> Recoveries of prior year grants . . . . .	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities . . . . .	<b>2a</b>		
	<b>b</b> Prior year adjustments . . . . .	<b>2b</b>		
	<b>c</b> Other losses . . . . .	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**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

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Part XIII

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	FHI 360 IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3), WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX.  MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FHI 360 AND CONCLUDED THAT AS OF SEPTEMBER 30, 2023 AND 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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	9	82	GRANTMAKING		19,581,254
(2) EAST ASIA AND THE PACIFIC	20	742	GRANTMAKING		94,527,653
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	11	GRANTMAKING		4,402,269
(4) MIDDLE EAST AND NORTH AFRICA	17	259	GRANTMAKING		43,711,246
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	2	24	GRANTMAKING		5,663,005
(6) RUSSIA AND NEIGHBORING STATES	10	165	GRANTMAKING		24,457,031
(7) SOUTH AMERICA	2	37	GRANTMAKING		3,557,325
(8) SOUTH ASIA	7	176	GRANTMAKING		26,062,704
(9) SUB-SAHARAN AFRICA	90	1,785	GRANTMAKING		327,788,450
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b>	<b>158</b>	<b>3,281</b>			<b>549,750,937</b>
<b>b Total from continuation sheets to Part I</b>	<b>0</b>	<b>0</b>			<b>0</b>
<b>c Totals (add lines 3a and 3b)</b>	<b>158</b>	<b>3,281</b>			<b>549,750,937</b>

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	HIV/AIDS	213,496	WIRE TRANSFER			
(2)			EAST ASIA AND THE PACIFIC	HIV/AIDS	13,397,360	WIRE TRANSFER			
(3)			MIDDLE EAST AND NORTH AFRICA	HIV/AIDS	20,565	WIRE TRANSFER			
(4)			RUSSIA AND NEIGHBORING STATES	HIV/AIDS	1,187,762	WIRE TRANSFER			
(5)			SOUTH ASIA	HIV/AIDS	4,908,241	WIRE TRANSFER			
(6)			SUB-SAHARAN AFRICA	HIV/AIDS	31,892,634	WIRE TRANSFER			
(7)			CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL HEALTH	2,253,622	WIRE TRANSFER			
(8)			EAST ASIA AND THE PACIFIC	GLOBAL HEALTH	3,444,413	WIRE TRANSFER			
(9)			MIDDLE EAST AND NORTH AFRICA	GLOBAL HEALTH	4,270,046	WIRE TRANSFER			
(10)			RUSSIA AND NEIGHBORING STATES	GLOBAL HEALTH	2,092,793	WIRE TRANSFER			
(11)			SOUTH AMERICA	GLOBAL HEALTH	17,396	WIRE TRANSFER			
(12)			SOUTH ASIA	GLOBAL HEALTH	1,599,347	WIRE TRANSFER			
(13)			SUB-SAHARAN AFRICA	GLOBAL HEALTH	52,920,500	WIRE TRANSFER			
(14)			CENTRAL AMERICA AND THE CARIBBEAN	SOCIO-ECONOMIC	863,509	WIRE TRANSFER			
(15)			EAST ASIA AND THE PACIFIC	SOCIO-ECONOMIC	5,864,497	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 . . . **▶** 28

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**Part IV Foreign Forms**

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

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SOCIO-ECONOMIC	4,024,028	WIRE TRANSFER			
(17)		MIDDLE EAST AND NORTH AFRICA	SOCIO-ECONOMIC	5,985,440	WIRE TRANSFER			
(18)		NORTH AMERICA (CANADA & MEXICO ONLY)	SOCIO-ECONOMIC	2,188,539	WIRE TRANSFER			
(19)		RUSSIA AND NEIGHBORING STATES	SOCIO-ECONOMIC	929,346	WIRE TRANSFER			
(20)		SOUTH AMERICA	SOCIO-ECONOMIC	5,526,688	WIRE TRANSFER			
(21)		SUB-SAHARAN AFRICA	SOCIO-ECONOMIC	4,727,381	WIRE TRANSFER			
(22)		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL EDUCATION	1,869,008	WIRE TRANSFER			
(23)		EUROPE (INCLUDING ICELAND AND GREENLAND)	GLOBAL EDUCATION	5,533	WIRE TRANSFER			
(24)		MIDDLE EAST AND NORTH AFRICA	GLOBAL EDUCATION	2,104,614	WIRE TRANSFER			
(25)		RUSSIA AND NEIGHBORING STATES	GLOBAL EDUCATION	23,788	WIRE TRANSFER			
(26)		SOUTH ASIA	GLOBAL EDUCATION	1,555,300	WIRE TRANSFER			
(27)		SUB-SAHARAN AFRICA	GLOBAL EDUCATION	13,759,155	WIRE TRANSFER			
(28)		SUB-SAHARAN AFRICA	REPRODUCTIVE HEALTH	9,000,322	WIRE TRANSFER			

**Part V**

**Supplemental Information.** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); 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.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428, BALTIMORE, MD 21203-6428	52-6002033	501(C)(3)	845,768				HIV RELATED RESEARCH
<b>(2)</b> (SEE STATEMENT)	94-3261569	501(C)(3)	210,457				(SEE STATEMENT)
<b>(3)</b> (SEE STATEMENT)	52-0595110	501(C)(3)	2,207,111				HIV/ AIDS PREVENTION
<b>(4)</b> (SEE STATEMENT)	63-6005396	GOVERNMENT	67,424				HIV/ AIDS PREVENTION
<b>(5)</b> (SEE STATEMENT)	95-6006144	501(C)(3)	3,736,123				HIV RELATED RESEARCH
<b>(6)</b> COLUMBIA UNIVERSITY 630 WEST 168TH ST, BOX 23, NEW YORK, NY 10032	13-5598093	501(C)(3)	3,652,389				HIV/ AIDS PREVENTION
<b>(7)</b> (SEE STATEMENT)	23-1352685	501(C)(3)	1,058,593				HIV RELATED RESEARCH
<b>(8)</b> (SEE STATEMENT)	56-6001393	501(C)(3)	16,972				GLOBAL HEALTH
<b>(9)</b> (SEE STATEMENT)	56-6001393	501(C)(3)	1,463,280				HIV/ AIDS PREVENTION
<b>(10)</b> (SEE STATEMENT)	35-2528741	501(C)(3)	54,268				(SEE STATEMENT)
<b>(11)</b> RTI HEALTH SOLUTIONS PO BOX 12194, RTP, NC 27709	56-0686338	501(C)(3)	552,182				HIV/ AIDS PREVENTION
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 136

**3** Enter total number of other organizations listed in the line 1 table 24

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

Cat. No. 50055P

Schedule I (Form 990) 2022

**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)

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## 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) REGENTS OF THE UNIVERSITY PAYMENT SOLUTIONS AND COMPLIANCE, LOS ANGELES, CA 90095	94-6036493	501(C)(3)	245,546				HIV/ AIDS PREVENTION
(13) THE GEORGE WASHINGTON UNIVERSITY 2100-W PENNSYLVANIA AVE NWSCH PUB H, WASHINGTON, DC 20037	53-0196584	501(C)(3)	232,321				HIV/ AIDS PREVENTION
(14) SEARCH FOR COMMON GROUND 1730 RHODE ISLAND AVE NW, SUITE 1101, WASHINGTON, DC 22036	52-1257425	501(C)(3)	31,481				EDUCATIONAL DEVELOPMENT
(15) WORLD VISION INC P O BOX 9716, MAILSTOP 367, FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	880,944				SOCIO-ECONOMIC DEVELOPMENT
(16) POPULATION COUNCIL INC ONE DAG HAMMARSKJOLD PLAZA, SECOND FL, NEW YORK, NY 10017	13-1687001	501(C)(3)	127,356				MATERNAL HEALTH AND NUTRITION
(17) HARVARD UNIVERSITY 10 SHATTUCK STREET, FINANCE DEPT, BOSTON, MA 02115	04-2103580	501(C)(3)	728,930				HIV RELATED RESEARCH
(18) HELEN KELLER INTERNATIONAL 352 PARK AVENUE, S. SUITE 1200, NEW YORK, NY 11235	13-5562162	501(C)(3)	17,523,659				CANCER PREVENTION TECH DEVELOPMENT
(19) ICNL 1126 16TH STREET, N. W., # 400, WASHINGTON, DC 20036	52-1818273	501(C)(3)	195,423				EDUCATIONAL DEVELOPMENT
(20) POPULATION SERVICES INTER SUITE 6001120 19TH ST NW , WASHINGTON, DC 20036	56-0942853	501(C)(3)	4,970,193				MATERNAL HEALTH AND NUTRITION
(21) PATH 2201 WESTLAKE AVE.SUITE 200 , SEATTLE, WA 98107	91-1157127	501(C)(3)	652,010				HIV/ AIDS PREVENTION
(22) GEORGETOWN UNIVERSITY BOX 571164, WASHINGTON, DC 20057-1164	53-0196603	501(C)(3)	69,767				HIV/ AIDS PREVENTION
(23) UNIVERSITY OF ALABAMA AT BIRMINGHAM GRANTS & CONTRACTS ACCOUNTINGAB 990, BIRMINGHAM, AL 35294-0109	63-6005396	GOVERNMENT	138,726				HIV RELATED RESEARCH
(24) THE VANDERBILT UNIVERSITY 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232	62-0476822	501(C)(3)	5,093				HIV/ AIDS PREVENTION
(25) PACT INC 1828 L STREET, NW, SUITE 300, WASHINGTON, DC 20036	13-2702768	501(C)(3)	291,219				HIV/ AIDS PREVENTION
(26) UNIVERSITY OF CINCINNATI ACCOUNTS RECEIVABLE, P.O. BOX 691031, CINCINNATI, OH 45269-1031	31-6000989	GOVERNMENT	80,623				HIV/ AIDS PREVENTION
(27) VIRGINIA COMMONWEALTH UNI GRANTS AND CONTRACTS, ACCOUNT, RICHMOND, VA 23284-3035	54-6001758	GOVERNMENT	254,268				CLINICAL TRIALS 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
(28) MASSACHUSETTS GENERAL HOS 399 REVOLUTIONS DRIVE, SUITE 735, SOMERVILLE, MA 02145	04-2697983	GOVERNMENT	27,457				HIV RELATED RESEARCH
(29) AIDS HEALTHCARE FOUNDATION 6255 W SUNSET BLVD, 21ST FLOOR, LOS ANGELES, CA 90028	95-4112121	501(C)(3)	207,133				GLOBAL HEALTH
(30) AVAC COALITION 423 WEST 127TH STREE, NEW YORK, NY 10027	94-3240841	501(C)(3)	741,563				HIV RELATED RESEARCH
(31) GRETCHEN SWANSON CEN CENTER FOR NUTRITION, RM 10248401 W, OMAHA, NE 68114	27-4313546	501(C)(3)	23,502				NUTRITION DEVELOPMENT
(32) INSTITUTE FOR CLINIC ACHL PO BOX 29545 , WASHINGTON, DC 20017- 0745	52-1336656	501(C)(3)	55,493				GLOBAL HEALTH
(33) ABOUNDING PROSPERITY INC 2311 DR MARTIN LUTHER KING DR, DALLAS, TX 75215	20-3746990	501(C)(3)	320,633				HIV/ AIDS PREVENTION
(34) PHILADELPHIA EDUCATION FU 718 ARCH ST., SUITE 700 NORTH, PHILADELPHIA, PA 19106	22-2567982	501(C)(3)	85,000				EDUCATIONAL DEVELOPMENT
(35) KELLEY RESEARCH ASSOCIATE 64 CHRISTOPHER RD., NORWELL, MA 02061	34-1983507		16,000				EDUCATIONAL DEVELOPMENT
(36) GEORGE WASHINGTON 45155 RESEARCH PLACE, 2ND FLOOR, ASHBURN, VA 20147	53-1096584	501(C)(3)	126,423				HIV RELATED RESEARCH
(37) PUBLIC FOUNDATION ENTERPR 12801 CROSSROADS PARKWAY SOUTH, CITY OF INDUSTRY, CA 91746-3505	95-2557063	501(C)(3)	628,531				GLOBAL HEALTH
(38) DUKE UNIVERSITY ACCOUNTS DAVID KATZ, DEPT OF BIOMEDICAL ENGINEERING, DURHAM, NC 27708	56-0532129	501(C)(3)	83,622				HIV/ AIDS PREVENTION
(39) WEILL MEDICAL COLLEGE OF 575 LEXINGTON AVENUE, 9TH FLOOR, NEW YORK, NY 10022	13-1623978	501(C)(3)	309,113				HIV RELATED RESEARCH
(40) DELOITTE CONSULTING LLP P O BOX 844717, DALLAS, TX 75284-4717	06-1454513		2,057,587				HIV/ AIDS PREVENTION
(41) HDI INC 318 SETH PLACE, ROCKVILLE, MD 20850	30-0207842	501(C)(3)	1,692,013				HIV/ AIDS PREVENTION
(42) RUTGERS THE STATE UNIVERSITY 169 COLLEGE AVENUE, NEW BRUNSWICK, NJ 08901	22-6001086	GOVERNMENT	122,044				HIV/ AIDS PREVENTION
(43) CITY AND COUNTY OF SAN FR BRANCH LOCATOR 148555 CAPITOL MALL, SACRAMENTO, CA 95814	94-6000417	GOVERNMENT	20,771				HIV/ AIDS PREVENTION
(44) JOHNS HOPKINS UNIV SCHOOL DEPARTMENT OF PATHOLOGY, 100 N CHARLE, BALTIMORE, MD 21201	52-0595110	501(C)(3)	1,517,840				HIV RELATED RESEARCH
(45) FENWAY COMMUNITY HEALTH C 1340 BOYLSTON STREET, 8TH FLOOR, BOSTON, MA 02215-4302	04-2510564	501(C)(3)	282,755				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
(46) UNIVERSITY OF WASHINGTON SEATTLE HPTU901 BOREN AVE, STE 130, SEATTLE, WA 98104	91-6001537	501(C)(3)	171,453				HIV RELATED RESEARCH
(47) WASHINGTON UNIVERSITY WUS 700 ROSEDALE AVENUE, SPONSORED PROJEC, ST LOUIS, MO 63112-1408	43-0653611	501(C)(3)	22,897				HIV/ AIDS PREVENTION
(48) UNIVERSITY OF UNC AT CHAP DEPT OF OBGYN, 3004 OLD CLINIC BLDG, CHAPEL HILL, NC 27599-7570	56-6001393	501(C)(3)	1,008,895				HIV/ AIDS PREVENTION
(49) SAVE THE CHILDREN 501 KINGS HIGHWAY EAST, SUITE 400, FAIRFIELD, CT 06825	60-7264870	501(C)(3)	85,830				HIV/ AIDS PREVENTION
(50) INTERNEWS NETWORK PO BOX 4448, ARCATA, CA 95518	94-3027961	501(C)(3)	571,952				INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
(51) BRIGHAM & WOMEN'S HOSPITAL BANK OF AMERICA NAP O, BOX 3149, BOSTON, MA 02241	04-2312909	501(C)(3)	38,696				HIV/ AIDS PREVENTION
(52) YALE UNIVERSITY PO BOX 20837, NEW HAVEN, CT 06520	06-0646973	501(C)(3)	2,573,298				HIV RELATED RESEARCH
(53) EMORY UNIVERSITY OFFICE OF GRANTS AND CONTRACTS, ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	673,844				HIV RELATED RESEARCH
(54) REGENTS OF THE UNIV OF CA P.O. BOX 74887200, LOS ANGELES, CA 90074	95-2226406	501(C)(3)	13,715				HIV/ AIDS PREVENTION
(55) WORLD LEARNING 1015 15TH ST. NW, WASHINGTON, DC 20005	03-0179592	501(C)(3)	823,406				INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
(56) CLINIPACE INC 3800 PARAMOUNT PARKWAY, SUITE 100, MORRISVILLE, NC 27560	30-0266681		75,244				PUBLIC HEALTH PROGRAM
(57) THE RESEARCH FOUNDATION 35 STATE ST, ALBANY, NY 12201-0009	14-1368361	501(C)(3)	89,776				HIV/ AIDS PREVENTION
(58) AVENIR HEALTH INC 41-A NEW LONDON TURNPIKE, GLASTONBURY, CT 06033-4241	20-4816286	501(C)(3)	539,196				HIV/ AIDS PREVENTION
(59) UNIVERSITY OF NOTRE DAME UNIVERSITY OF NOTRE DAME, NOTRE DAME, IN 46556	35-0868188	501(C)(3)	52,160				EDUCATIONAL DEVELOPMENT
(60) GEORGIA TECH RESEARCH COR OFFICE SPONSORED PROGRAMS, SUITE 300, ATLANTA, GA 30332	58-0603146	501(C)(3)	1,082,160				HIV RELATED RESEARCH
(61) HEKTOEN INSTITUTE FOR MED 2240 W. OGDEN AVE, FL 2, CHICAGO, IL 60612-4882	36-2244897	501(C)(3)	227,708				HIV/ AIDS PREVENTION
(62) THE OHIO STATE UNIVERSITY 1960 KENNY ROAD , COLUMBUS, OH 43210	31-6025986	PUBLICATION 78	31,600				HIV/ AIDS PREVENTION
(63) UNIVERSITY OF OREGON PO BOX 3237, EUGENE, OR 97403-0237	46-4727800	GOVERNMENT	228,192				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
(64) UNIVERSITY OF COLORADO 1380 LAWRENCE STREET, SUITE 500, DENVER, CO 80204	84-6000555	GOVERNMENT	556,039				HIV RELATED RESEARCH
(65) IOWA STATE UNIVERSITY OF 515 MORRILL RD, 1350 BEARDSHEAR HALL, AMES, IA 50011	42-6004224	GOVERNMENT	687,476				SOCIO-ECONOMIC DEVELOPMENT
(66) UNIVERSITY OF MIAMI PO BOX 248106, CORAL GABLES, FL 33124- 2912	59-0624458	501(C)(3)	19,270				HIV RELATED RESEARCH
(67) UNIVERSITY OF ILLINOIS 304 AOB M/C 6721737, WEST POLK ST, CHICAGO, IL 60612-7227	37-6000511	501(C)(3)	102,060				HIV RELATED RESEARCH
(68) UNIVERSITY OF PITTSBURGH ATTN 371220500, ROSS STREET 154 045, PITTSBURGH, PA 15262-0001	25-0965591	501(C)(3)	619,336				HIV RELATED RESEARCH
(69) PALLADIUM INTERNATIONAL 1331 PENNSYLVANIA AVENUE NW, SUITE 60, WASHINGTON, DC 20004	26-1509671	501(C)(3)	3,249,444				HIV/ AIDS PREVENTION
(70) INDIANA UNIVERSITY 400 E 7TH STREET, POPLARS RM 501, INDIANAPOLIS, IN 46206-6212	35-6001673	501(C)(3)	111,812				GLOBAL HEALTH
(71) ARIZONA STATE UNIVERSITY P.O. BOX 875812, TEMPE, AZ 85287	86-0196696	GOVERNMENT	768,860				EDUCATIONAL DEVELOPMENT
(72) GEORGE MASON UNIVER 4400 UNIVERSITY DRIVE, MSN 4C6, FAIRFAX, VA 22030-4422	54-0836354	GOVERNMENT	286,311				EDUCATIONAL DEVELOPMENT
(73) COMMUNITY EXPERT SOLUTION 500 LAUREL SPRINGS DR., APT 513, DURHAM, NC 27713	81-5142066		12,811				GLOBAL HEALTH
(74) MAGEE WOMENS RESEARCH INS 3240 CRAFT PLACE, 1ST FLOOR, PITTSBURGH, PA 15213	25-1462312	501(C)(3)	6,437,282				GLOBAL HEALTH
(75) CAYEN SYSTEMS 5105 200TH ST. SW, SUITE 200, LYNNWOOD, WA 98036	47-5313048	501(C)(3)	11,250				SOCIO-ECONOMIC DEVELOPMENT
(76) OUR PIECE OF THE PIE INC 20-28 SARGEANT STREET, 2ND FLOOR, HARTFORD, CT 06105	06-0939659	501(C)(3)	241,470				SOCIO-ECONOMIC DEVELOPMENT
(77) INTERNATIONAL AIDS VACCIN 125 BROAD STREET, 9TH FLOOR, NEW YORK, NY 10004	13-3870223	501(C)(3)	1,100,860				HIV/ AIDS PREVENTION
(78) UNIVERSITY OF MASSACHUSETTS 600 SUFFOLD STREET, SUITE 212, LOWELL, MA 01854	04-3167352	501(C)(3)	103,894				EDUCATIONAL DEVELOPMENT
(79) PHOENIX YOUTH AND FAMILY 310 NORTH ALABAMA STREET, CROSSETT, AR 71635	71-0778516	501(C)(3)	132,003				YOUTH DEVELOPMENT
(80) KENTUCKIANAWORKS 410 W CHESTNUT STREET, SUITE 200, LOUISVILLE, KY 40242	46-4856936	501(C)(3)	73,831				YOUTH DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(81) OHIO UNIVERSITY 160 WEST UNION STREET OFFICE CENTER, ATHENS, OH 46701	31-6402113	GOVERNMENT	131,629				ENGLISH LANGUAGE
(82) AMERICAN LEPROSY MISSIONS 1 ALM WAU, GREENVILLE, SC 29601	13-5562163	501(C)(3)	434,291				GLOBAL HEALTH
(83) DENVERWORKS INC 6000 E EVANS AVE., DENVER, CO 80222	84-1349649	501(C)(3)	268,576				YOUTH DEVELOPMENT
(84) THE COLLEGE OF NEW JERSEY 2000 PENNINGTON ROAD, EWING, NJ 08628	22-2797398	GOVERNMENT	57,488				EDUCATIONAL DEVELOPMENT
(85) AFTON BLOOM GROUP LLC 138 MESEROLE AVENUE, #3R, BROOKLYN, NY 11222	84-4684648		232,500				GLOBAL HEALTH
(86) MANN GLOBAL HEALTH GROUP MANN GLOBAL HEALTH, LLC704 HAWKS LA, COLUMBUS, NC 28722	47-2218176		267,188				HIV/ AIDS PREVENTION
(87) KANSAS STATE UNIVERSITY KANSAS STATE UNIVERSITY, 1601 VATTIER, MANHATTAN, KS 66506-1103	48-0771751	GOVERNMENT	158,944				ENGLISH LANGUAGE
(88) ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PLACE, MEMPHI, TN 38015	62-0646012	501(C)(3)	206,978				HIV/ AIDS PREVENTION
(89) HOWARD DELAFIELD INTERNAT 1101 30TH STREET, SUITE 500, WASHINGTON, DC 20007	20-4466234		237,511				GLOBAL HEALTH
(90) NATIONAL CENTER ON INSTIT 7130 RUTHERFORD RD., BALTIMORE, MD 21244	52-1094078	501(C)(3)	320,214				YOUTH DEVELOPMENT
(91) THE RIGHTWAY FOUNDATION 3650 W MARTIN LUTHER KING JR BLVD, LOS ANGELES, CA 90008	90-0761009	501(C)(3)	54,700				YOUTH DEVELOPMENT
(92) BOSTON MEDICAL CENTER HEA 660 HARRISON AVE, GAMBRO 236, FLOOR 2, BOSTON, MA 02118	04-3314093	501(C)(3)	11,128				HIV/ AIDS PREVENTION
(93) JHPIEGO CORPORATION 1615 THAMES STREET, BALTIMORE, MD 21231	23-7424444	501(C)(3)	2,606,159				MATERNAL HEALTH AND NUTRITION
(94) THE REGENTS OF THE UNIVER 490 ILLINOIS STREET, 4TH FLOOR, SAN FRANCISCO, CA 94143	94-6036493	PUBLICATION 78	2,556,116				GLOBAL HEALTH
(95) UNIV TEXAS HLTH SCI HOUST PO BOX 301418, DALLAS, TX 75303	74-1761309		1,928,126				HIV/ AIDS PREVENTION
(96) UNIVERSITY OF ROCHESTER M 500 JOSEPH C WILSON BLVD, ROCHESTER, NY 14627	16-0743209	501(C)(3)	140,617				HIV/ AIDS PREVENTION
(97) OPEN DEVELOPMENT 642 PICKFORD PL NE, WASHINGTON, DC 20002	47-2658640		1,386,208				GLOBAL HEALTH
(98) E QUALITY PARTNERS LLC 48 E. GOLDEN LAKE RD., CIRCLE PINES, MN 55014	85-4316124		110,438				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
(99) UNIVERSITY OF MARYLAND COLLEGE PARK 4101 CHESAPEAKE BLDG., 4300 TERRAPIN, COLLEGE PARK, MD 20742	52-6002033	GOVERNMENT	131,250				PUBLIC HEALTH PROGRAM
(100) COMMUNITIES IN SCHOOLS 6261 DUPONT STATION COURT E, JACKSONVILLE, FL 32217	59-3027895	501(C)(3)	45,000				SOCIO-ECONOMIC DEVELOPMENT
(101) THE PENNSYLVANIA STATE UNIVERSITY 227 W. BEAVER AVE, SUITE 401, STATE COLLEGE, PA 16801	24-6000376	GOVERNMENT	16,726				HIV/ AIDS PREVENTION
(102) IEARN 475 RIVERSIDE DR., SUITE 450, NEW YORK, NY 10015	13-3782233	501(C)(3)	60,380				ENGLISH LANGUAGE
(103) NATIONAL FOUNDATION FOR T 600 PEACHTREE ST NE, SUITE 1000, ATLANTA, GA 30308	58-2106707	GOVERNMENT	804,146				HIV/ AIDS PREVENTION
(104) PARTNERS IN HEALTH 800 BOYLSTON STREET, SUITE 300, BOSTON, MA 02199	04-3567502	501(C)(3)	841,155				HIV/ AIDS PREVENTION
(105) SW ASSOCIATES LLC 2527 I STREET NW, WASHINGTON, DC 20037	20-4737685	501(C)(3)	308,800				SOCIO-ECONOMIC DEVELOPMENT
(106) YOUTH DEVELOPMENT LABS 3130 SHATTUCK AVE, BERKELEY, CA 94705	81-2339233	501(C)(3)	288,436				FAMILY PLANNING PROGRAM DEVELOPMENT
(107) FREEDOM HOUSE 1850 M ST. NW, 11TH FLOOR, WASHINGTON, DC 20036	13-1656647	501(C)(3)	51,279				CIVIL SOCIETY & GOVERNANCE
(108) CORE 6464 SUNSET BLVD. SUITE 530, LOS ANGELES, CA 90028	27-1703237	501(C)(3)	31,849				HIV/ AIDS PREVENTION
(109) ASSIST INTERNATIONAL 800 SOUTH STOCKTON AVENUE, RIPON, CA 95366	77-0243475	501(C)(3)	252,115				HIV/ AIDS PREVENTION
(110) KOE KOE TECH 111 8TH AVE, NEW YORK, NY 10011	35-2613390	501(C)(3)	48,522				CIVIL SOCIETY & GOVERNANCE
(111) MCFARLAND AND ASSOCIATES 17208 DOCTOR BIRD ROAD, SUITE 100, SANDY SPRING, MD 20860	52-1677750		189,928				PUBLIC HEALTH PROGRAM
(112) DEXIS CONSULTING GROUP 1412 I ST NW, WASHINGTON, DC 20005	54-2035713		187,083				INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
(113) UNITED PLANET 361 NEWBURY ST, BOSTON, MA 02115	04-3582778	501(C)(3)	26,704				ENGLISH LANGUAGE
(114) AID UPSTATE PO BOX 105, GREENVILLE, SC 29602	57-0848637	501(C)(3)	61,756				HIV/ AIDS PREVENTION
(115) THE NORMAL ANOMALY INITIA 10039 BISSONNET ST, SUITE 107, HOUSTON, TX 77036	86-3819643	501(C)(3)	19,478				HIV/ AIDS PREVENTION
(116) CENTRAL ALABAMA ALLIANCE 120 HILL RIDGE DRIVE, WETUMPKA, AL 36092	27-2914021	501(C)(3)	278,367				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
(117) AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE, AZUSA, CA 91702	95-1744369	501(C)(3)	83,876				ENGLISH LANGUAGE
(118) CLINTON HEALTH ACCESS INI 383 DORCHESTER AVE., SUITE 400, BOSTON, MA 02127	27-1414646	501(C)(3)	4,149,122				GLOBAL HEALTH
(119) PRISM HEALTH NORTH TEXAS 3900 JUNIUS STREET, SUITE 300, DALLAS, TX 75246	75-2306145	501(C)(3)	25,574				HIV/ AIDS PREVENTION
(120) GCCS 1012 14TH ST. NW, SUITE 915, WASHINGTON, DC 20005	47-4057264	501(C)(3)	22,123				INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
(121) CROFOOT RESEARCH CENTER I 3701 KIRBY DRIVE, SUITE 1230, HOUSTON, TX 77098	81-3189395		39,524				HIV/ AIDS PREVENTION
(122) BROWN UNIVERSITY 69 BROWN STREET, BOX 1911 CASHIER OFFICE, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	62,671				HIV/ AIDS PREVENTION
(123) BIOHEALTH INOVATION INC 1 CHURCH STREET SUITE 801, ROCKVILLE, MD 20850	45-3824067	501(C)(3)	119,105				GLOBAL HEALTH
(124) DALTON FOUNDATION 1755 ENTERPRISE PARKWAY STE 400, TWINSBURG, OH 44087	26-3432969	501(C)(3)	233,470				HIV/ AIDS PREVENTION
(125) PARKLAND HEALTH 5200 HARRY HINES BLVD., FINANCE, DALLAS, TX 75235	75-6004221	501(C)(3)	10,000				HIV/ AIDS PREVENTION
(126) COASTAL BEND FOOD BANK 826 KRILL STREET, CORPUS CHRISTI, TX 78408	74-2234089	501(C)(3)	142,740				NUTRITION DEVELOPMENT
(127) RISE FOR YOUTH 23564 CALABASAS RD, STE 201, CALABASAS, CA 91302	95-4116679	501(C)(3)	65,586				YOUTH DEVELOPMENT
(128) HEALTHRIGHT INTERNATIONAL 708 BROADWAY, SUITE 601, NEW YORK, NY 10003	13-3791391	501(C)(3)	4,089,522				INTERNATIONAL DEVELOPMENT, RELIEF SERVICES
(129) HOMELAND SECURITY SOLUTIO 22 ENTERPRISE PARKWAY, SUITE 310, HAMPTON, VA 23666	27-0040986		34,629				YOUTH DEVELOPMENT
(130) RUTGERS UNIVERSITY FOUNDA WELLS FARGO BANK, 120 ALBANY STREET, NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	19,978				YOUTH DEVELOPMENT
(131) THE STEINMAN FOUNDATION 101 N. QUEEN STREET, LANCASTER, PA 17603	23-6266377	501(C)(3)	45,000				GLOBAL HEALTH
(132) FRED HUTCHINSON CANCER CE ACCOUNTS RECEIVABLE, P.O. BOX 19024, SEATTLE, WA 98109-1024	91-1935159	501(C)(3)	5,242,404				GLOBAL HEALTH
(133) SOUTHERN BLACK POLICY AND 1075 GRIFFIN STREET WEST, SUITE 211, DALLAS, TX 75215	83-1197219	501(C)(3)	42,178				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
(134) IMPACT LEARNING LC INC 50 FULTON AVENUE, STORE 1, HEMPSTEAD, NY 11550	87-4752236		156,550				EDUCATIONAL DEVELOPMENT
(135) TAKE ACTION GLOBAL 430 DRUID RD W, CLEARWATER, FL 33756	83-4628057	501(C)(3)	68,600				ENGLISH LANGUAGE
(136) UNIVERSITY OF CENTRAL FLO 4000 CENTRAL FLORIDA BLVD, ORLANDO, FL 32816	59-2924021	GOVERNMENT	109,136				ENGLISH LANGUAGE
(137) ORTHOPEDICS CAPITAL FOUND 102 E MARKET ST, WARSAW, IN 46580	27-1038452	501(C)(3)	30,000				GLOBAL HEALTH
(138) THE REGENTS OF THE UNIV O UCSF MAIN DEPOSITORY, P.O. BOX 748872, LOS ANGELES, CA 90074-4872	95-2226406	GOVERNMENT	20,000				GLOBAL HEALTH
(139) EASTERN WASHINGTON UNIVER 526 5TH STREET, 319 SHOWALTER HALL, CHENEY, WA 99004	91-6000624	GOVERNMENT	81,199				ENGLISH LANGUAGE
(140) DISTRICT BOARD OF TRUSTEES FOR PALM BEACH 4200 CONGRESS AVE, LAKE WORTH, FL 33461	59-1216000		11,500				EDUCATIONAL DEVELOPMENT
(141) GEORGIA TECH FOUNDATION I 760 SPRING STREET NW, ATLANTA, GA 30308	58-6043294	501(C)(3)	11,500				EDUCATIONAL DEVELOPMENT
(142) ASSOCIATION OF PUBLIC HE 8515 GEORGIA AVENUE, SUITE 700, SILVER SPRING, MD 20910	52-1800436		224,439				GLOBAL HEALTH
(143) SOUTH FLORIDA AFRO PRIDE PO BOX 451871, SUNRISE, FL 33345	85-1398134	501(C)(3)	31,737				HIV/ AIDS PREVENTION
(144) FREE RUSSIA FOUNDATION 1015 15TH ST NW, SUITE 600, WASHINGTON, DC 20005	47-2437810	501(C)(3)	6,050				CIVIL SOCIETY & GOVERNANCE
(145) GLOBAL BLACK PRIDE AND GL 1242 NEW JERSEY AVE, NWAPT 2, WASHINGTON, DC 20001	84-2976165	501(C)(3)	22,214				HIV/ AIDS PREVENTION
(146) ERIKAS CLOSET 3325 WASHBURN AVE, STE 107, CHARLOTTE, NC 28205	82-4939775	501(C)(3)	7,148				SOCIO-ECONOMIC DEVELOPMENT
(147) SOUTHERN RESEARCH INSTIT 2000 9TH AVE SOUTH, BIRMINGHAM, AL 35205	63-0288868	501(C)(3)	39,603				GLOBAL HEALTH
(148) PPD GLOBAL CENTRAL LABS 26361 NETWORK PLACE, CHICAGO, IL 60673	45-3806478		16,144				GLOBAL HEALTH
(149) YALE UNIVERSITY PO BOX 1873, NEW HAVEN, CT 06508	06-0646973	501(C)(3)	86,360				GLOBAL HEALTH
(150) PH SCIENCE HOLDINGS INC 15022 35TH AVE W, LYNWOOD, WA 98087	91-2181922		279,543				GLOBAL HEALTH
(151) CLINIPACE WORLDWIDE 3800 PARAMOUNT PARKWAY, SUITE 100, MORRISVILLE, NC 27560	30-0266681		23,531				PUBLIC HEALTH PROGRAM
(152) GEORGIA TECH RESEARCH CRP PO BOX 100117, ATLANTA, GA 30384	58-0603146	501(C)(3)	42,217				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
(153) HEALTH DECISIONS INC 2510 MERIDIAN PARKWAY, DURHAM, NC 27713	56-1637045		71,581				GLOBAL HEALTH
(154) UNIVERSITY OF NOTRE DAME CONTROLLER'S OFFICE, 724 GRACE HALL, NOTRE DAME, IN 46556	35-0868188	501(C)(3)	62,764				EDUCATIONAL DEVELOPMENT
(155) CLEMSON UNIVERSITY 230 KAPPA STREET, SUITE 200, CLEMSON, SC 29634	57-6000254	GOVERNMENT	487,051				EDUCATIONAL DEVELOPMENT
(156) UNIVERSITY OF CINCINNATI SRS ACCOUNTING, P.O. BOX 932641, CLEVELAND, OH 44193	31-6000989	GOVERNMENT	216,540				EDUCATIONAL DEVELOPMENT
(157) 522 PRODUCTIONS LLC 711 KING STREET, ALEXANDRIA, VA 22314	20-0564214		122,276				EDUCATIONAL DEVELOPMENT
(158) EVIHDAF LLC 21 ELMCROFT, ROCKVILLE, MD 20850	N/A		214,411				GLOBAL HEALTH
(159) FOURPOINT EDUCATION PARTN 8610 RIDGE ROAD, BETHESDA, MD 20817	65-1223386	501(C)(3)	17,000				EDUCATIONAL DEVELOPMENT
(160) ALTASCIENCES PROFESSIONAL 5630 CERRITOS AVENUE, CYPRESS, CA 90630	87-3490641		24,510				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 GRANTEEES WITH MORE THAN \$750,000 IN FEDERAL FUNDING TO SUBMIT 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.
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	FORUM ONE COMMUNICATIONS 2200 MOUNT VERNON AVE., ALEXANDRIA, VA 22301
(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	UNIVERSITY OF ALABAMA AT BIRMINGHAM DIVISION OF INFECTIOUS DISEASES 703, BIRMINGHAM, AL 35294-0007
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE REGENTS OF THE UC UCSD CAMPUS MAIN DEPOSITORY PO BOX , LOS ANGELES, CA 90074-1539
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	TRUSTEES OF THE UNIVERSIT 3417 SPRUCE STREETHOUSTON HALL 200 , PHILADELPHIA, PA 19104
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNC CHAPEL HILL OFFICE OF 104 AIRPORT DRIVE SUITE 2200 CAMPUS, CHAPEL HILL, NC 27599-1350
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNIVERSITY OF NORTH CAROL OFFICE OF SPONSORED RESEARCH104 AIR, CHAPEL HILL, NC 27599-1350
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	VANDERBILT UNIVERSITY MED DEPT 1236, PO BOX 121236, DALLAS, TX 75312-1236
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	FORUM ONE COMMUNICATIONS: SOCIO-ECONOMIC DEVELOPMENT
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	VANDERBILT UNIVERSITY MED: SOCIO-ECONOMIC DEVELOPMENT

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FAMILY HEALTH INTERNATIONAL INC

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Employer identification number

23-7413005

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input checked="" type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</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 . . . . .</p>	1b ✓	
<p><b>2</b> 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? . . . . .</p>	2 ✓	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	4a ✓	
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	4b ✓	
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	5a	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	6a	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p><b>7</b> 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 . . . . .</p>	7	✓
<p><b>8</b> 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 . . . . .</p>	8	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	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				
1 ANA TERESA GUTIERREZ-SAN MARTIN CHIEF EXECUTIVE OFFICER	(i)	484,068	0	4,951	36,600	1,509	527,128	0
	(ii)	0	0	0	0	0	0	0
2 DEBORAH KENNEDY IRAHETA CHIEF OPERATIONS OFFICER	(i)	348,082	8,000	3,871	55,350	2,161	417,464	0
	(ii)	0	0	0	0	0	0	0
3 RASIKA PADMAPERUMA CHIEF FINANCIAL OFFICER	(i)	301,999	4,500	2,351	36,600	22,684	368,134	0
	(ii)	27,500	0	0	0	0	27,500	0
4 MATTHEW PIETZ PROJECT DIRECTOR II	(i)	263,569	0	89,781	19,316	7,727	380,393	0
	(ii)	0	0	0	0	0	0	0
5 KATHY STROKER GENERAL COUNSEL	(i)	271,250	0	2,121	54,163	22,617	350,151	0
	(ii)	0	0	0	0	0	0	0
6 MICHAEL CASSELL TECHNICAL ADVISOR	(i)	283,285	0	35,417	23,356	7,811	349,869	0
	(ii)	0	0	0	0	0	0	0
7 PAMELA MYERS FORMER CHIEF HUMAN RESOURCE OFFICER	(i)	254,080	6,000	33,174	32,927	20,581	346,762	0
	(ii)	0	0	0	0	0	0	0
8 JACQUELINE MCPHERSON REGIONAL DIRECTOR	(i)	246,625	0	49,652	35,750	7,948	339,975	0
	(ii)	0	0	0	0	0	0	0
9 DORIS YOUNGS PROJECT DIRECTOR I	(i)	226,031	2,000	54,738	45,603	6,152	334,524	0
	(ii)	0	0	0	0	0	0	0
10 SEAN TEMEEMI CHIEF COMPLIANCE OFFICER	(i)	266,282	5,000	2,187	33,427	22,910	329,806	0
	(ii)	0	0	0	0	0	0	0
11 LAURA KAYSER DEPUTY COO	(i)	277,734	5,000	2,365	33,947	8,644	327,690	0
	(ii)	0	0	0	0	0	0	0
12 STEPHEN MILLS DIRECTOR PROJECT PORTFOLIO	(i)	198,339	0	97,687	23,946	6,156	326,128	0
	(ii)	0	0	0	0	0	0	0
13 HAYLEY BRYANT CHIEF OF PARTY	(i)	191,660	0	105,796	20,397	7,745	325,598	0
	(ii)	0	0	0	0	0	0	0
14 TIMOTHY MASTRO CHIEF SCIENCE OFFICER	(i)	245,290	4,500	3,223	71,064	1,022	325,099	0
	(ii)	0	0	0	0	0	0	0
15 NZAPFURUNDI CHABIKULI DIR. OF GLOBAL HLTH, POPUL (SEE STATEMENT)	(i)	241,885	4,350	2,094	50,690	20,553	319,572	0
	(ii)	0	0	0	0	0	0	0
16	(i)							
	(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			(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
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) LANETA DORFLINGER SCIENTIST	(i)	242,242	1,300	1,833	50,085	15,963	311,423	0
	(ii)	0	0	0	0	0	0	0
(17) LEILA ABU-GHEIDA REGIONAL DIRECTOR	(i)	236,080	2,200	1,811	29,225	15,858	285,174	0
	(ii)	0	0	0	0	0	0	0
(18) NADRA FRANKLIN DIRECTOR OF SOCIAL AND ECO	(i)	235,898	0	1,803	29,280	15,861	282,842	0
	(ii)	0	0	0	0	0	0	0
(19) MICHAEL MAZZA DIRECTOR, INFORMATION SOLU	(i)	229,207	0	2,925	48,128	2,305	282,565	0
	(ii)	0	0	0	0	0	0	0
(20) ALETA WILLIAMS DIR., BUSINESS DVLP & DIVE	(i)	222,817	3,000	5,192	28,477	15,830	275,316	0
	(ii)	0	0	0	0	0	0	0
(21) CHRISTINE NYIRJESY BRAGALE DIRECTOR, COMMUNICATIONS (CORP)	(i)	171,629	3,000	3,345	21,140	819	199,933	0
	(ii)	0	0	0	0	0	0	0
(22) WELLINGTON PAK DIRECTOR, BUSINESS STRATEGY	(i)	0	0	122,090	0	0	122,090	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	WELLINGTON PAK RECEIVED SEVERANCE PAY OF \$37,066.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	A 457(B) VOLUNTARY SALARY DEFERRAL PLAN IS MADE AVAILABLE TO THE EXTENT ALLOWED BY INTERNAL REVENUE SERVICE REGULATIONS.

**SCHEDULE O  
(Form 990)**

Department of 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 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$78,627,416 INCLUDING GRANTS OF \$31,763,875)(REVENUE \$7,440,389)  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 FOR GIRLS, NEW IMMIGRANTS, MIGRANTS, MINORITIES AND THOSE WITH DISABILITIES. ACTIVITIES FACILITATE DECISION MAKING BY PROVIDING RESEARCH, EVALUATION, DATA ANALYSIS AND TECHNICAL RESOURCES GLOBALLY. FHI360 ALSO WORKS TO STRENGTHEN EDUCATION IN FRAGILE STATES AND SUPPORT REFORM OF POLICIES AND SYSTEMS.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$7,348,755 INCLUDING GRANTS OF \$2,968,747)(REVENUE \$695,401)  REPRODUCTIVE HEALTH - FHI 360 IS COMMITTED TO FAMILY PLANNING INITIATIVES WHICH WILL PROMPT A GLOBAL MOVEMENT TOWARD A FUTURE WHERE ALL WOMEN AND GIRLS HAVE THE FREEDOM AND ABILITY TO LEAD HEALTHY LIVES, MAKE THEIR OWN DECISIONS ABOUT CONTRACEPTION AND HAVING CHILDREN, AND PARTICIPATE IN SOCIETY AND ITS DEVELOPMENT. FHI 360 WILL SUPPORT THE ADVANCEMENT OF RESEARCH AND DEVELOPMENT OF NEW CONTRACEPTIVE OPTIONS, EXPAND AVAILABILITY AND ACCESS TO EXISTING OPTIONS, SUPPORT SELF-CARE APPROACHES, INCLUDING DIGITAL OPTIONS, STRENGTHEN THE MEASUREMENT AND MONITORING OF EQUITY, OFFER HIGH-QUALITY INTEGRATED SERVICES THAT INCLUDE FAMILY PLANNING, AND REACH YOUNG PEOPLE WITH EVIDENCE-BASED INFORMATION AND SERVICES.
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES	BY, CB, CM, CT, CD, CH, CO, CG, IV, DJ, DR, EG, ES, ET, GH, GT, GV, HA, HO, IN, ID, JM, JO, KZ, KE, KG, LA, LE, LT, LI, LH, MA, MI, ML, MR, MX, MO, MZ, NP, NI, PP, RP, RW, SG, SF, OD, WZ, TI, TZ, TH, TO, TS, UG, UP, VM, YM, ZA, ZI, OC
FORM 990, PART VI, LINE 1A - MATERIAL DIFFERENCES IN VOTING RIGHTS	TESSIE SAN MARTIN, LISTED AS A DIRECTOR ON PART VII, IS A NON-VOTING BOARD MEMBER AND IS NOT INCLUDED IN THE TOTAL FOR PART VI, LINE 1A.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 IS PREPARED BY THE ACCOUNTING FIRM, ERNST & YOUNG LLP. THE FORM 990 GETS A FINAL REVIEW BY MANAGEMENT. THE FORM 990 IS SHARED WITH THE BOARD AND COPIES ARE MADE AVAILABLE FOR REVIEW.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION'S POLICY 02004 "CONFLICTS OF INTEREST", ADOPTED BY THE RESOLUTION OF THE BOARD OF DIRECTORS, IS APPLICABLE TO EACH BOARD MEMBER AND TO EACH OF THE ORGANIZATION'S EMPLOYEES. A DISCLOSURE FORM IS COMPLETED BY EVERY BOARD MEMBER AT THE TIME OF APPOINTMENT AND BY EVERY EMPLOYEE AT THE INITIATION OF EMPLOYMENT. STATEMENTS COMPLETED BY BOARD MEMBERS ARE FILED WITH THE BOARD CHAIR AND THE BOARD CHAIR'S STATEMENT IS FILED WITH THE VICE CHAIR OF THE BOARD. STATEMENTS BY U.S. EMPLOYEES ARE FILED WITH THE HUMAN RESOURCES DEPARTMENT. STATEMENTS BY NON-U.S. BASED EMPLOYEES ARE FILED WITH THE RELATED COUNTRY DIRECTOR AND HR OFFICE.  THE POLICY REQUIRES DISCLOSURE ON AN ONGOING BASIS OF ANY CONFLICTS AS THEY ARISE. ADDITIONALLY, EACH YEAR THE CORPORATION'S ASSISTANT SECRETARY OBTAINS A DISCLOSURE STATEMENT FROM EACH BOARD MEMBER FOR FILING WITH THE BOARD CHAIR. DISCLOSURE STATEMENTS ARE OBTAINED ANNUALLY FROM ALL EMPLOYEES AT THE LEVEL OF DIRECTOR AND ABOVE WHICH ARE FILED WITH AND REVIEWED BY THE CHIEF COMPLIANCE OFFICER.  THE ORGANIZATION'S CODE OF ETHICS AND CONDUCT, WHICH REFERENCES AND SUMMARIZES THE CONFLICTS OF INTEREST POLICY AND OTHER EXPECTATIONS REGARDING CONDUCT, AND ETHICAL STANDARDS, IS PROVIDED TO EACH BOARD MEMBER UPON APPOINTMENT AND TO EACH EMPLOYEE UPON EMPLOYMENT. EACH MEMBER AND/OR EMPLOYEE SIGNS A STATEMENT THAT HE OR SHE HAS REVIEWED AND AGREES WITH THE CODE OF ETHICS AND CONDUCT.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE ORGANIZATION'S BYLAWS PROVIDE THAT VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL SERVE AS THE ORGANIZATION'S CORPORATE OFFICER COMPENSATION COMMITTEE TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S PRINCIPAL OFFICERS. THE COMMITTEE IS INDEPENDENT OF THE COMPENSATED OFFICERS. ON AN ANNUAL BASIS, THE COMMITTEE ENGAGES THE SERVICES OF A COMPENSATION CONSULTING FIRM WHICH OBTAINS COMPARABILITY DATA FOR THE CORPORATE OFFICER POSITIONS, AND DEVELOPS AN ANALYSIS AND RECOMMENDATION ARISING FROM THE DATA. IN ADDITION TO THE COMPENSATION CONSULTANT'S RECOMMENDATIONS, FOR EACH POSITION (EXCEPT THAT OF THE CEO), THE COMMITTEE REVIEWS THE CEO'S RECOMMENDATIONS AND ASSESSMENTS OF INDIVIDUAL PERFORMANCE DURING THE PRIOR YEAR. THEN, WITHOUT THE PRESENCE OF THE CEO, THE COMMITTEE MEETS TO (1) EVALUATE THE CEO'S PERFORMANCE DURING THE PRIOR YEAR; (2) CONSIDER THE CEO'S ASSESSMENT OF CORPORATE OFFICERS' PERFORMANCE AND RELATED RECOMMENDATIONS; (3) REVIEW THE RELEVANT COMPARABILITY DATA AND RECOMMENDATIONS PRESENTED BY THE COMPENSATION CONSULTING FIRM; (4) ESTABLISH OFFICER COMPENSATION LEVELS FOR THE COMING YEAR; AND (5) DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS.

Return Reference - Identifier	Explanation					
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE ORGANIZATION'S BYLAWS PROVIDE THAT THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE SHALL SERVE AS THE ORGANIZATION'S CORPORATE OFFICER COMPENSATION COMMITTEE TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S PRINCIPAL OFFICERS. THE COMMITTEE IS INDEPENDENT OF THE COMPENSATED OFFICERS. ON AN ANNUAL BASIS, THE COMMITTEE ENGAGES THE SERVICES OF A COMPENSATION CONSULTING FIRM WHICH OBTAINS COMPARABILITY DATA FOR THE CORPORATE OFFICER POSITIONS, AND DEVELOPS AN ANALYSIS AND RECOMMENDATION ARISING FROM THE DATA. IN ADDITION TO THE COMPENSATION CONSULTANT'S RECOMMENDATIONS, FOR EACH POSITION (EXCEPT THAT OF THE CEO) THE COMMITTEE REVIEWS THE CEO'S RECOMMENDATIONS AND ASSESSMENTS OF INDIVIDUAL PERFORMANCE DURING THE PRIOR YEAR. THEN, WITHOUT THE PRESENCE OF THE CEO, THE COMMITTEE MEETS TO (1) EVALUATE THE CEO'S PERFORMANCE DURING THE PRIOR YEAR; (2) CONSIDER THE CEO'S ASSESSMENT OF CORPORATE OFFICERS' PERFORMANCE AND RELATED RECOMMENDATIONS; (3) REVIEW THE RELEVANT COMPARABILITY DATA AND RECOMMENDATIONS PRESENTED BY THE COMPENSATION CONSULTING FIRM; (4) ESTABLISH OFFICER COMPENSATION LEVELS FOR THE COMING YEAR; AND (5) DOCUMENT THE COMMITTEE'S DELIBERATIONS AND DECISIONS.					
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	FHI 360'S ORGANIZATIONAL CHARTER IS AVAILABLE THROUGH THE WEBSITE OF THE NORTH CAROLINA SECRETARY OF STATE. FHI 360'S AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE FHI 360 WEBSITE AND ARE AVAILABLE TO THE PUBLIC. FHI 360'S FORM 990 IS AVAILABLE ON FHI 360'S WEBSITE AND THE CONFLICTS OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST.					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" data-bbox="459 611 1521 690"> <thead> <tr> <th data-bbox="459 611 1304 653">(a) Description</th> <th data-bbox="1312 611 1521 653">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="459 653 1304 690">INTERCOMPANY ELIMINATIONS AND ADJUSTMENTS</td> <td data-bbox="1312 653 1521 690">7,117,790</td> </tr> </tbody> </table>		(a) Description	(b) Amount	INTERCOMPANY ELIMINATIONS AND ADJUSTMENTS	7,117,790
(a) Description	(b) Amount					
INTERCOMPANY ELIMINATIONS AND ADJUSTMENTS	7,117,790					

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

FAMILY HEALTH INTERNATIONAL INC

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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	17,564,603	8,903,863	FHI 360
(2) FHI PARTNERS LLC (82-5145951) 359 BLACKWELL STREET, DURHAM, NC 27701	HEALTH, EDUCATION	NC	27,792,045	39,029,633	FHI 360
(3)					
(4)					
(5)					
(6)					

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

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



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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	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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	✓	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	✓	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**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 UK	B	600,000	FMV
(2) FHI CLINICAL	J	55,325	FMV
(3) FHI CLINICAL	P	652,237	FMV
(4) FHI UK	P	286,208	FMV
(5) FHI CLINICAL	Q	1,482,894	FMV
(6) (SEE STATEMENT)			

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

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

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

**Part II**

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(7) FHI 360 PNG TRUST ALLOTMENT 12, SECTION 531, SOUTH WING, 1ST FLOOR, WOKPLES @SAV, PORT MORESBY, PP	LOCAL HEALTH	PAPUA-NEW GUINEA			FHI 360	✓	
(8) FAMILY HEALTH INTERNATIONAL SOUTH AFRICA NPC 333 GROSVENOR STREET, HATFIELD GARDENS, BLOCK B, HATFIELD, PRETORIA 0083, SF	LOCAL HEALTH	SOUTH AFRICA			FHI 360	✓	
(9) FHI 360 TRUST 65 WHITWELL ROAD, BORROWDALE WEST, HARARE, ZI	LOCAL HEALTH	ZIMBABWE			FHI 360	✓	
(10) BEHAVIORS FIRST FOUNDATION CENTRAL DELHI, DELHI, IN	LOCAL HEALTH	INDIA			FHI 360	✓	
(11) FHI 360 EGYPT LLC 957 CORNICHE EL NILE STREET, ZAH RAT 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	6,016	919,698	100%	✓	
(2) FHI CLINICAL, INC (83-2853562) 359 BLACKWELL STREET, DURHAM, NC 22701	CLINICAL RESEARCH	DE	FHI 360	C CORPORATION	31,831,531	19,816,981	100%	✓	
(3) FHI 360 UK 3 MORE LONDON, RIVERSIDE, LONDON, SE1 2RE, UK	SUSTAINABLE GOVERNANCE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	FHI 360	C CORPORATION	1,674,315	623,673	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	334,692	FMV
(7) FHI UK	O	207,485	FMV
(8) FHI CLINICAL	O	1,023,375	FMV